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**MEDICAL RESEARCH
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**STUDIES IN THE PSYCHOLOGY
OF DELINQUENCY**

By GRACE W. PAILTHORPE



LONDON

PUBLISHED BY HIS MAJESTY'S STATIONERY OFFICE

1932

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PREFACE

THE following study in the psychology of delinquency gives the results of investigations made by Dr. Grace W. Pailthorpe while receiving a research grant from the Medical Research Council on the recommendation of their Committee on Mental Disorders. Her manuscript was originally submitted to the Council in August 1929, for consideration by their Committee, but owing to a variety of causes there has unavoidably been unusual delay in bringing it to the final stage of publication.

The first investigation deals with the female inmates of prisons. Support was originally given to this work by the Council in 1923 on the proposal of Dr. M. Hamblin Smith, Medical Officer of H.M. Prison, Birmingham. Facilities were granted by the Prison Commissioners at H.M. Prison, Holloway, where Dr. J. H. Morton, Governor and Medical Officer, gave invaluable assistance to the work.

The second deals with the inmates of preventive and rescue homes for girls and young women. This was undertaken in 1926, at the request of the Central Council for Preventive and Rescue Work in London (now the Central Council for the Social Welfare of Women and Girls in London), who secured the necessary facilities in various Homes and also provided an assistant and some incidental expenses.

One hundred cases were studied in each investigation. The findings are in the first instance given separately, but in a later section comparison between the two series is made. A special section deals in detail with all the cases considered as falling within the psychopathic group. Finally, Dr. Pailthorpe bases upon the experience described her own proposals for a new constructive policy in the treatment of offenders.

The author is, of course, personally responsible for the presentation of her results and for the opinions which she rests upon them. The different authorities that have assisted the work are not to be taken as necessarily accepting her views.

Nevertheless, the gravity and urgency of the social problems discussed will be universally admitted. The Medical Research Council are confident that Dr. Pailthorpe's carefully collected evidence will be widely welcomed by other students, and that both her interpretation of it and her proposals for reform will be anxiously considered.

MEDICAL RESEARCH COUNCIL,
38 Old Queen Street,
Westminster, S.W. 1.

29 March 1932.

STUDIES IN THE PSYCHOLOGY OF DELINQUENCY¹

By
GRACE W. PAILTHORPE, M.D.

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¹ This Report is printed with the permission of the Prison Commissioners, but they do not necessarily agree with or hold the same views as the author.

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SECTION I. INTRODUCTION.

In the following report, I have presented the material which I have gathered over a period of five years in an investigation into the psychology of inmates of Prisons and inmates of Preventive and Rescue Homes. I have compared qualities of the one group with qualities of the other, and have indicated any differences or lack of differences that seemed noteworthy. The psychopathic cases of both groups are discussed as one single class. It is recognized that the girls who are being trained in Rescue and Preventive Homes have not committed any crime, nor are they under detention or punishment. The cases seen in the separate investigations are compared because the girls in the voluntary Homes are often of the type who are in grave danger of breaking the law and becoming liable to imprisonment.

In the summary I have been ambitious enough to suggest a constructive policy which I feel could be carried out *pari passu* with the existing systems, gradually permeating the present systems and perhaps ultimately replacing them.

In that section I have reviewed the difficulties in the way of any kind of advance, due, I believe, not so much to public opinion as to the religious attitude which rules or appears to rule both Prisons and Preventive Homes. I do not think that this is at all necessarily representative of the Church's more generous outlook of to-day, but it has come to be a condition tacitly accepted and not much questioned.

The statistics in this report are valuable rather as indications than as allowing final conclusions to be drawn. In the first place the numbers on which they are based are too small, and, secondly, so many of the attributes chosen for statistical investigation are not estimated by standardized tests, but are conditioned by the standpoint of the individual investigator. For this reason I have not compared the figures with those of other investigators.

My thanks are especially due to Sir Maurice Waller (late chairman of the Prison Commissioners) who in the first place gave me the facilities necessary to carry out this investigation; to Dr. Morton, the Governor of H.M. Prison, Holloway, who was at all times most helpful; and to the Committees and superintendents of the various Homes for their kind co-operation and assistance in my work.

My thanks are also due to Dr. Hamblin Smith, who has taken a keen interest in this investigation from the beginning; and also to Miss M. A. Cullis, who has assisted me throughout the investigation; and to several other friends for their useful help and criticisms of this report.

SECTION II. REPORT ON AN INVESTIGATION INTO THE PSYCHOLOGY OF CRIMINALS, 1923-7.

A. PREAMBLE.

By way of preliminary I shall attempt to make clear the particular line of approach followed during these investigations into crime and delinquency ; also to indicate in a rather brief and condensed fashion, the history of criminological research up to the date of writing.

It may be said at once that the investigations were at no time influenced by penological considerations. The question was never, 'what punishment is merited in this case'. On the contrary it could be fairly accurately stated as follows, 'what treatment—using this term in the most elastic sense—would lead to the restoration of these cases to the ranks of normal people'. This aim necessitates a clear system of scientific diagnosis ; a matter that became all the more urgent when I found in course of investigation that it was impossible to draw any sharp line of demarcation between crime, delinquency and asocial behaviour.

It might appear unnecessary to make such an obvious reservation, but the actual state of criminology in this country compels it. Of all the branches of sociology criminology shows the most remarkable tendency to preserve in active form views and reactions which in other sciences would have been discarded long ago as inadequate, obsolete or even archaic. Thus one meets with systems based more or less directly on doctrines of 'original sin', almost cheek by jowl with the most modern systems of psychopathological research. Psychological treatment rubs shoulders with systems of treatment by punishment. Sociologists are divided amongst themselves as to the importance of individual and environmental factors ; and their recommendations as to policy vary accordingly. In other branches of psychological science, although there may be acute differences of opinion on scientific matters, there is not the same remarkable persistence or intrusion of more archaic elements. Thus in psychiatry, although a policy of restraint is still pursued towards the insane, flogging to expel demons has now been abandoned.

In tracing the history of scientific criminology, one is therefore compelled to start from the point where moralistic views were first shaken or influenced by more objective methods of approach. This may be called the first phase of scientific research. It was at the time a revolutionary change, and doubtless at the present day still appears to many as revolutionary. Beccaria in 1755 and Bentham in England in 1792 pointed out that the criminal was an offender against society rather than, as had hitherto been thought, an offender against God. Punishment, they maintained, should be meted out as a deterrent, not as a vengeance. The motives, they urged, which kept the law-abiding citizen from crime were merely not sufficiently developed in the criminal. Criminals were but normal people who had suc-

cumbed to temptation. Later others, while sharing their views, advanced the further proposition that some criminals were lunatics and, as such, in need not so much of moral training as of study and medical treatment.

Evidently, Bentham also had some germ of this same idea in his mind regarding the mental instability of delinquents when he proposed his Panopticon Prison, every part of which was to be made visible from one central position by cleverly devised reflectors. Although Bentham was empowered to proceed with his scheme it was never, unfortunately, carried out. It might have been the means of providing much useful data.

Lombroso, in 1876, in his *Crime, its Causes and Remedies*, claimed he had found physical, and even hereditary differences in the criminal, as distinct from the person who does not commit crime. But even he, in the last year of his life, emphasized the importance of apportioning penalties not according to the offence, but according to the offender—one of the soundest theories ever advanced in connexion with crime, and one which is fortunately gradually gaining ground in public credence to-day.

The idea that criminal action had its root in natural causes, such as physical and hereditary deficiencies, aroused at first intense opposition, and was countered by the suggestion that crime was due to circumstances and environment. The latter theory became, and still is, very popular. The criminal absorbs both theories with alacrity. It is understandable that he should find it alluring to attribute the cause of his crime to natural causes or environment, for he thus disposes of the question of personal responsibility. What is less clearly understood is the fact that the popularity of these views in social circles is capable of similar explanation.

The second phase may be called the formal psychological phase. It coincides with the expansion of academic psychology into a formal applied science. The tendency of this new science was, perhaps naturally, towards description and measurement, although it maintained some interest in deeper problems, e.g. the development of instincts and of their appropriate reactions. Ultimately a dichotomy of interest became more clear and justified the separation of a third stage. This is characterized by a deep individual approach, the isolation of an important 'unconscious' system of the mind and the investigation of both normal and pathological phenomena from this new point of view. The pathological phenomena were investigated in the following order: neuroses, character formations, psychoses, character abnormalities, social relations, and finally anti-social relations including crime and delinquency.

The psychological approach to criminology, therefore, reflects the history of psychology. It can be roughly divided into a phase of psychological measurement and comparison and a phase of deep individual psychopathological investigation. In recent times it has become customary to employ both methods at once. This is in some ways an unsatisfactory procedure because it tends

to impair the efficiency of both methods, but it is perhaps specially justifiable in criminology where the opportunities for deep investigation are peculiarly limited.

It is a somewhat invidious task to single out representative writers on these various aspects of criminology. We might say, however, that the Lombroso tradition was continued, in its purely sociological aspects, by Ferri, and with a more general psychological tendency by Havelock Ellis. Goring (*The English Convict*) may be credited with effecting a general diversion of interest into psychological channels (concept of mental deficiency or natural stupidity). Then comes Healy (*The Individual Delinquent*) as a pioneer of modern clinical methods, introducing the concept of mental abnormality as distinct from deficiency. These modern methods have also been applied to children, by Bronner (mainly intelligence studies), Clarke Hall, Goddard, Cyril Burt (*The Young Delinquent*); and to adults by Aschaffenburg, Tredgold, Spaulding, H. Hamblin Smith (*The Psychology of the Criminal*, a landmark in English criminological literature), Mary Gordon (*Penal Discipline*, another landmark), Glueck (*Mental Disorder and the Criminal Law*), and Carl Murchison (mostly intelligence studies).

As will readily be surmised, some of these writers are more concerned than others with deep psychological aspects; but none of them may be said to have abandoned methods of measurement and comparison in favour of the most fundamental application of psychopathology to individuals. The results of psychopathological research have not yet been consolidated in textbook form, and are contained in numerous scattered papers on various aspects of analytical criminology. One may, however, refer to the works of Alexander and Staub in Berlin, and of Aichhorn in Vienna. Many other psychopathologists have dealt with special aspects of crime arising in course of general psychoneurotic, psychotic, or sociological practice, e.g. the significance of kleptomania, &c. These writers are too numerous to mention.

But even when, as in the case of my own investigations, the opportunities for formal deep analysis of individual cases are limited, it is nevertheless possible to apply analytical principles. These can be applied, not only in obtaining detailed case histories, but in singling out special characteristics to be examined in comparative work. Thus, in detailed individual work the simple but revolutionary expedient is adopted of letting the subject tell her own story, having first of course removed all possible obstacles to or obvious sources of bias in the recital. Again, in comparative work, particularly the comparison of psychopathic types, the discoveries of analytical psychology can be applied: firstly, in the estimation of personal reactions, and secondly in singling out psychopathic traits which are usually neglected or regarded as unimportant habits. Finally, analytical discipline can be turned to advantage in the general valuation of all investigatory experiences, and, on many occasions therefore, transcends all other disciplines not excluding that of statistical comparison.

To return to current tendencies in criminology as a whole, it

must be repeated that in England the prevailing tendency is still to regard the criminal as one of a distinctive class ; a class apart, inherently and permanently evil. Crime is something from which we others must hold ourselves aloof. We incline to look down on it rather than to look into it. We prefer a telescopic to a microscopic view.

Now crime is defined in English law books as 'an unlawful act or default which is an offence against the public, and which renders the perpetrator of such an act or default liable to legal punishment'. In all its phases, we require the exposition of experts to interpret its definition, and even experts do not always agree. Not every wrong committed against another person is a crime. Certain wrongs committed against another person are dealt with by the civil and not by the criminal law, and are technically known as torts, of which slander and breach of contract are examples. Not every act punishable as a crime is a wrong against another person ; it may be a wrong done to the community : treason and attempted suicide are examples of this class of crime. The selection of certain acts as crimes is arbitrary, and is ultimately prompted by what appears at any particular time to be necessitated by the welfare of the community. Acts which once were punished severely as crimes are no longer necessarily so regarded, as, for example, witchcraft ; while it is interesting to note that incest, as incest, was not punishable by the criminal law until 1908. Again, some crimes which were once punished severely are now much more leniently dealt with ; a hundred years ago 180 crimes were followed by a death penalty, whereas, at the present time, only four come into that category, viz. high treason, murder, piracy with violence, and destruction of public arsenals and dockyards. In the last two, sentence of death need not be pronounced but may be recorded.

It is true that, sociologically, a man is not a criminal until the arm of the law is stretched out to take him, but it is probably also true that a large percentage of the population are criminals technically in the legal sense. Just as there are many who escape the appellation 'criminal' solely because they are not discovered, so also are there many with mental equipment similar to that of the so-called criminal, who are without, as well as within, prison walls ; and it is necessary always to bear this in mind. But if it can be found that there exists definite psychological arrest in development, or definite deficiency in a large majority of the cases investigated, then we may safely assume that the class of society we speak of as 'criminal' does indeed show biological differences from the average normal individual.

I have said enough to show that for my purpose it has been of paramount importance to differentiate between the sociological and the biological interests. Much confusion has arisen in the past from the failure to recognize that these two aspects are not identical, and the work that has been carried on in this line of research has been thereby greatly vitiated. But since the

sociologist was the first to enter this field of inquiry it has not unnaturally become the custom to think of the delinquent first and foremost as a social failure, to attribute to him always some form of defect, whether intellectual, moral or otherwise. But if the problem be approached from the standpoint of psychology as a province of biology, it is clear that a comparative valuation is not applicable, and that the criteria to be held must be those of biological life generally; in other words, success or failure of the individual life. Therefore, in the following pages I have attempted, as far as possible, to classify the cases into groups from a strictly individualistic point of view, having regard to their individual make-up, including their intellectual and sentimental capacities, and their social environment; and, anticipating a little, it will be seen that a large group is comprised of cases which, from the biological point of view, show a complete and satisfactory adaptation to the particular form of life which they follow; they are in themselves successful and satisfied, and this psychological equilibrium is supported by the fact that comparatively few of them show evidence of debility or disease, as is the case with individualities that are disharmonized.

B. DESCRIPTION OF METHOD ADOPTED IN INTERVIEWING PRISON SUBJECTS.

The number of cases investigated was one hundred. The subjects were all of the female sex and were between sixteen and thirty years of age; no further selection on grounds of type of crime, physical or mental condition, was made.

Every prisoner was interviewed alone without the presence of the female officer either within the room or within hearing distance. The prisoner immediately was put at ease as much as possible and invited to tell her story. At this stage no mention was made of the object of the interview. Some at first took the investigator for an official or lady-visitor, and it was of psychological interest to note how the story changed after the discovery was made that the investigator was unofficial and not a religious or moral adviser. Others asked straight away 'What is it all about?' No concealment was made, although no more was explained than was necessary to allay their fears and obtain their confidence. As a rule this was accomplished within the first hour, after which they would talk freely about themselves, and it was then possible, by indirectly guiding their conversation, and always avoiding a direct question, to obtain the information required. As far as possible a continuous life history of the individual and her reactions was aimed at; attention being focused on instinctive activities and those derived from sentiments. Her reactions to the present situation, her emotional mobility, her moods, the way in which she was disposing of the present situation in which she found herself, viz. by projection, negativism, evasion, &c., her mannerisms (e.g. the childish antics of *dementia praecox*), habit spasms, tremors, blushing, sweating; her affects—self-reproach, self-pity, self-complacency, &c.—

and moods were all noted. Her history of depressions and states of excitement were all gone into minutely, with special regard to periodicity and relation to menstruation.

The prisoner was seen for two hours at the first interview, and, if an easy relationship had been established in the first hour, which was usually the case, the second was spent in going through the mental tests, while everything was running smoothly. It should be remembered that the use of intelligence tests depends as much on the intelligence of the examiner as on that of the examinee. Moreover, the examinee's success depends as much upon emotional factors affecting concentration—which factors are ordinarily incalculable—as upon the quality of intelligence. So that one with a fair intellect giving bad attention may fail equally with one with a defective intellect giving good attention. From the point of view of clinical psychopathology this is tantamount to saying that it is difficult, if not impossible, to differentiate by means of behaviouristic criteria alone between a primary functional defect and a secondary, induced or 'symptomatic' defect.

If the tests were given at this stage, suspicion and resentment were seldom aroused in the prisoner. She was then interviewed daily until all that was required had been obtained. This intensive method was essential, as disturbing factors in the form of derisive and suspicious remarks of the other prisoners, and the knowledge gained through them and others gratuitously, that they need not attend if they did not wish, had in the past occasionally kept the more suspicious away, or at least made further progress a very much more drawn out process. It must continually be borne in mind that in conducting any investigations among prisoners, one is dealing with people who are for the time being living under unnatural conditions, and that their inevitable reaction to such conditions is to make them suspicious of any further interference from outside sources. They feel in varying degrees, sometimes acutely and consciously, that every man's hand is against them, and, as a natural consequence, theirs is in turn against every man; and it is of paramount importance to dissipate this attitude as far as the investigator is concerned. But side by side with this type which is prepared to be on the defensive, is the type which sums up the investigator and hopes to gain some private end by servilely fitting in with whatever she believes to be desired of her. On the one hand the prisoner comes prepared to fight because she thinks the investigator an official or lady-visitor; on the other hand she comes prepared to be servile because the investigator is an official or lady-visitor. In either case the information supplied is lacking in essential value, although both attitudes in themselves are significant and important. It is a frequent occurrence for a girl, who may have been talking 'piously', and who suddenly realizes that the investigator is not a lady-visitor, to exclaim: 'Aren't you a lady-visitor?', and on being informed that such is not the case, to alter her story completely, not only in tone but in fact. This type of purposive liar, whom we may speak of as the opportunist,

whose excursions in lying are deliberate, is very different from certain other clearly defined types. This type and those who tell lies through fear, both of whom are aware of their lying, differ from the pathological type in that the latter are unconscious that they are lying, or are aware that they are lying but are quite unable to say why. Besides those already referred to, there is also the type of prisoner who does not take any of the attitudes mentioned above, but who is glad of the opportunity to speak and put her case. These are usually the accidental or the mental conflict cases.

C. CLASSIFICATION OF CASES.

The number of cases investigated is one hundred. Three separate investigations were carried out. The cases were examined first from the point of view of general defect, then from the psychopathic point of view, and, lastly, from the point of view of individual adaptation. There are thus three main but overlapping groups—1, Defective ; 2, Psychopathic ; 3, Adapted.

The Defective Group.

The term defect as used here should not be confused with the narrower legal term 'deficiency'. It is used in its original and more accurate sense, including not only legally deficient but those who would be classified as 'subnormal' in Hamblin Smith's grouping. It is, of course, necessary to subdivide the main grouping into :

- (a) Those who show defect in intelligence.
- (b) Those who show defect in sentiment development.

This is partly for convenience, e.g. to permit comparison with the results obtained by other workers, and partly because defect in sentiment is held to be of a different order from defect in intelligence. This is a view which will certainly be modified at no distant date. Psychopathologists have already established that some cases of legal 'deficiency' can be attributed to emotional factors of a type that would be called 'defect in sentiment'. It is unfortunate that the legal term should give rise to difficulties in classification, but as it will no doubt give place in course of time to more specific terminology, I have decided to employ the safer and wider term in this grouping.

Class (a). Those who show defect in intelligence. The Hamblin Smith scheme of Tests is used throughout, although very occasionally they are supplemented by the Binet-Terman Tests. It is Dr. Hamblin Smith's opinion that his tests are more suitable for adults. I have used both his and the Binet-Terman Tests and agree with him after my experience in using both. Adults are shy of being tested, and it is only with difficulty, and sometimes considerable persuasion, that they can be led through the series of tests.

The tests are briefly as follows :

1. Reading. The subject is given a passage to read relating

to a fire. She is asked to repeat in her own words what the passage was about. Her memory and comprehension are noted.

2. Writing. A few dictated words are given. The phrase 'I saw the dog run after the cat' is generally used, because of the peculiar inclination of the mental defectives to write, 'I was the god'. Occasionally the order of the phrase is reversed, viz. 'I saw the cat run after the dog'. A note is made if the absurdity is appreciated.

3. Arithmetic. A very simple sum in subtraction is given, followed by one or two equally simple mental sums, such as, 'If a dozen eggs cost 1s. 6d., how much would you have to pay for half a dozen?'

4. First Form Board. (Healy.) The board consists of a rectangular frame into which five rectangular blocks fit exactly. It can easily be done by any one having a little mechanical ability.

5. Second Form Board. (Hamblin Smith.) In Healy's Board the pieces are interchangeable; in this, several of the pieces are not. The subject is told that all the pieces fit in easily without any forcing if put into their right places. If after these instructions she still persists in crowding a piece into a space which it will not fit, it is clear that she does not understand a simple direction. Both form boards are tests of attention, perseverance, and the ability to plan a simple bit of work.

6. Aussage. The subject is given a coloured picture and told to look at it very carefully as she will be questioned about it afterwards. She is allowed twenty seconds, after which the picture is withdrawn and the subject asked to describe what she has observed. When she has finished, several articles are suggested as having been present, and it is noted whether these suggestions are accepted or not. The test is one of attention, observation, and suggestibility.

7. Interpretation of Pictures. Two pictures are shown to the subject and she is asked what is the idea of each picture? It is a test of the imagination.

8. Comparison of Lengths. Three pairs of lines of unequal length are shown, the longer being on the right side in each case. These are followed by three pairs of equal lines. It is a test of suggestibility.

9. Diagrams. The subject is asked to reproduce on paper two geometrical figures shown together for ten seconds.

10. Cricket Ball Test. A circle with a small gap represents a field with a gate. The subject is told to suppose she has been playing there and has lost her purse (ball, when testing a boy) and is coming back through the gate to find it. She is asked to trace out the best path to take in order to be sure of succeeding.

11. Cancellation. A sheet of capital letters is given to the subject and she is asked to strike out all the letters 'a'. The method in which the subject approaches the test is important. It is a test of attention.

12. Heilbronner's Apperception Test. This consists of a series of sets of cards, each successive card of the set showing rather more in detail the representation of some common object (lamp, bicycle, &c.) until the complete object is shown in the final card.

13. Pictorial Completion Test. This consists of a brightly coloured picture, mounted on wood, in which ten one-inch squares have been cut out. The subject is given the picture and forty-five blocks, forty of which bear a representation of some object, and five of which are blank. She is told to fill in the spaces with the blocks which, in her opinion, make the best sense.

Subjects examined by the Hamblin Smith Scheme of Intelligence Tests fall into one of three divisions: 1, Normal; 2, Subnormal; 3, Mentally Defective.

TABLE I.

Showing results of these tests on one hundred prison cases.

Normal Intelligence	64 per cent.
Subnormal Intelligence	21 "
Defective Intelligence	15 "

Of the total number of cases investigated (100) there are 15 per cent. in the mentally defective division and 21 per cent. in the subnormal division; that is, adding these two divisions together, 36 per cent. fall into Class a. Thus it will be seen that of the total number of cases investigated, the large majority, 64 per cent., are of normal intelligence. This confutes the generally held opinion that criminals become such because they are subnormal intellectually.¹ Much nearer the truth might it be to say that criminals become so through defect in sentiment development. In dealing with Class b, below, we find 61 per cent. in whom sentiment development is very rudimentary, and 23 per cent. who show some development in this direction although by no means that of the average person. That is, 84 per cent. of the total are deficient in sentiment development. The remaining 16 per cent. are average in sentiment development and are composed of accidental and psychopathic cases.

In this mentally deficient division, in every case with the exception of one, where mental conflict was also a strong factor, deficiency in intelligence was the most potent factor in giving rise to delinquency.

In the subnormal division we find other factors playing an important, if not primary, part, and the subnormality can be looked upon as subsidiary.

TABLE II.

Mental Conflict	5 cases
Psychotic	3 "
Almost Mentally Defective	2 "
Constitutional Inferior	1 case
Sentiment development rudimentary, and homes vicious or unsatisfactory	9 cases

¹ Cp. figures of Preventive Group, p. 34.

These figures suggest that a subnormal in a vicious or unsatisfactory home is more likely to drift into aberrant behaviour than a subnormal brought up in a satisfactory home. She has not the mental capacity to avoid the pitfalls that her associates of normal intelligence encounter with safety every day.

Class (b). Those who show defect in sentiment development.

TABLE III.

Rudimentary Sentiment Development	61 cases.
Developing Sentiment	23 „
Average Sentiment	16 „

The classification is necessarily arbitrary and therefore needs explanation. In the rudimentary sentiment development class are placed those who show very little else than the egoistic sentiment; and, perhaps, some other sentiment in a slight degree. In the developing sentiment class, several sentiments are evident in greater or lesser degree. In the average sentiment development class, several sentiments are evident as definite and easily detected dispositions at work in the everyday life of the individual, with one or more other sentiments of lesser or greater degree.

We find in the table above a large majority, viz. 84 per cent., showing a deficiency in sentiment development. For the most part, this class, while strikingly lacking in any other than egoistic sentiment, profess, and, indeed, themselves believe that their lives are controlled by most exemplary social sentiments. These ideas they freely express, and as freely contradict in the same sentence quite unconsciously. What they are putting forward is not an expression of themselves, but an expression of what they have been taught, parrot-like, to be 'the thing'. They adopt the clap-trap of their particular class, but it is mere imitation, it never takes the permanent form of dispositions and sentiments. Were they to forgo all these lofty utterances to-morrow, they themselves would be virtually unchanged. Their pseudo-sentiments can be put on and off as easily as the powder and paint they affect on their faces. For example, prisoners will frequently assert that they could not let the children starve, which on the face of it is a most laudable attitude to have towards the children; but when it is pointed out that they need not let their children starve if they apply for guardian relief, they will declare vehemently, and with great unction, that they would not think of going to the guardians, they are 'much too proud for that!' When the point is still further pressed, and it is explained that by choosing prison, which hurts their dignity less, they are nevertheless accepting in this way relief, since the guardians take the children, and that they are at the same time depriving the children of the parent who cares for their everyday needs; then they at once declare that this consideration makes no difference to them since they are 'too proud' to go to the guardians. This incongruity of expression and fact is not assimilated immediately, but only after it has been pressed home

in several ways and from different points of view. When their reasoning faculty is thus forced into activity they form a judgment on perfectly normal lines, i.e. they make a choice and immediately drop the false attitude without any sense of loss or embarrassment; this lack of shame or embarrassment further indicates how little the altruistic utterances mean to them. In other words, it is only a figure of speech, an attitude that society demands of them. But there is one thing that might be noted in passing, and that is the very slow working of the reasoning faculty. This sluggish state of mind is often noticeable in the performance of the second form board test. Many will try again and again to put a square piece of wood into a rounded end, and it is only after many trials that it dawns on them that it cannot be done. In other words, their power of distinguishing between similars and dissimilars is undeveloped or deficient.

In the 61 per cent. of cases showing rudimentary sentiment we find the egoistic sentiment present in varying degrees, whilst the other sentiments of patriotism, religion, familial, aestheticism, and altruism are very rudimentary or almost completely absent. Taking McDougall's view that the sentiment of self-regard (egoistic sentiment here) is derived from the balancing of the instincts of self-assertion and submission, it is noticeable that in these people the activities of the self-assertive instinct far outweigh those of the self-abasement instinct; that is to say, the subjects are aware of their capacities (and over-estimate them) but not of their limitations, so that, although the egoistic sentiment is present, it is so only in a very elementary way. The adjustment to reality has been the minimum compatible with life within the group; and has been small in comparison with the average normal adult within the same group.

In connexion with this study of the deficiency in sentiment development in so large a majority of cases, the following consideration is worth noting:

All the subjects tested, with the exception of two, were elementary school trained (or its equivalent). Only seven passed on to any higher form of education by the result of their own efforts. The analysis of these is as follows:

TABLE IV.

Mental Conflict	5 cases.
Mental Conflict and Psychotic Trends	1 case
Mental Conflict and Epilepsy	1 „

Thus, all these subjects fall into the psychopathic group.

The two exceptions mentioned above as having had a different education from the others were convent trained; but neither were able to derive any benefit from this more advanced school training. One was subnormal intellectually and suffering from mental conflict; the other was psychotic; both were unmanageable at home, for which reason they had been sent to convents.

The homes of all these subjects were satisfactory; and out of the seven all were intellectually normal; five showed average or

developing sentiment, while two showed only rudimentary sentiment. One of these showed mental conflict and psychotic trends as above, and the other mental conflict alone. These figures indicate that a higher development in sentiment is found in conjunction with a greater difficulty of adjustment to reality; that the greater development of sentiment is probably brought about largely by the fact of the home conditions being satisfactory, and also by the greater degree of intelligence.

Not a single case was educated in a private or public school (with the exception of the two convent trained cases already mentioned). That there is something in the private and public school form of education which is lacking in elementary school education every one will admit; may it not be that this 'something' is co-ordinated character training? In elementary schools this is left to chance, and is dependent on individual teachers. In private and public schools the teacher is chosen largely for his or her likely influence on the children in the direction of sentiment development. The home, naturally, has some influence, but in the majority of the homes from which we draw our prisoners, it is often doubtful if there is any greater development of sentiment in the other members of the family. Therefore, if this be the case, is not definite education towards sentiment formation all the more necessary where it is lacking in the home? But this is dealing with the child, and we are here concerned with adults. According to some psychologists there is a definite stage in development at which character finally crystallizes out. Certain sentiments become dominant. These sentiments may work in harmony, or several strong but antagonistic sentiments may equally dominate the individual, dividing up his life into sections, each of which may be lived separately. According to this view there is a great gulf fixed between the conditions before and after this epoch. But surely it is no unusual occurrence to see a person, even one of mature age apparently change completely in character under some new and strong influence. And we might even say that in no case is there a stage in the development of any individual at which character is so fixed that it cannot be changed, even so far as to produce what might, on a superficial view, appear to be a new personality. If this be so, where character development has taken place and a change can be effected, what might not be done by education where very little character development has taken place; where the original capacity for sentiment formation has not been stimulated into activity; where such capacity is still lying dormant? We are dealing with individuals whose dispositions are rudimentary largely because life has been lived in surroundings which have been rudimentary. The surroundings lack ideals which are the outcome of, as well as the making of, sentiments. They live with people who lack sentiment formation even as they themselves; there is no attraction or stimulus towards sentiment formation. This side of the individual is lying dormant. The egoistic sentiment in them is almost elemental in that it involves the activities of self-assertion alone. Their

craving to follow fashion and to be as others is largely imitative rather than idealistic, exhibitionistic rather than aesthetic.

Dealing now with Class b as a whole (see Table, III, p. 17), we find on analysis of the average sentiment division, of whom there are 16 cases, the following:

TABLE V.

Mental Conflict	7 cases.
Mental Conflict and Epilepsy	2 "
Constitutional Inferior	1 case
Accidental Cases	6 cases

That is, in all average sentiment cases (including the accidental) we find very potent causes for delinquency other than lack of sentiment development, which here is normal.

In the developing sentiment division we find:

TABLE VI.

Mental Conflict	18 cases.
Constitutional Inferior	2 "
Subnormal Intelligence and Vicious Home	1 case
Vicious Home and very low Level of Training	1 "
Accidental	1 "

Here again the preponderance of the mental conflict as a cause for delinquency is striking, and bears out the suggestion that it is with the growth of sentiment that mental conflict arises and thus divides offenders into the two great groups, adapted and unadapted.

In the rudimentary sentiment division we find:

TABLE VII.

Mental Conflict	19 cases.
Psychotic	11 "
Mentally Deficient in Intelligence	15 "
Subnormal Intelligence and Vicious Homes	12 "
Subnormal Intelligence and Bad Health	3 "
Constitutional Inferiors (one subnormal intelligence, one normal intelligence)	2 "

Isolating from the three divisions (rudimentary sentiment, developing sentiment, and average sentiment) the mental conflict cases, and discarding the accidental cases, we have the following figures:

TABLE VIII.

<i>Sentiment Development.</i>	<i>No. of Cases.</i>	<i>Mental Conflict.</i>	<i>Percentage of Mental Conflict.</i>
Rudimentary	61	19	31 per cent.
Developing	22	18	88.8 "
Average	10	7	70 "

The enormous increase of mental conflict in the developing and average sentiment divisions is what we should expect; it is a sign of the evolution or growth of the individual who is more in touch with reality than one in the rudimentary sentiment division; of the individual who is widening her personality by

the identification of herself with her surroundings, during which process she will encounter obstacles, some of which will be surmountable and some insurmountable. The insurmountable objects will arouse mental conflict. What stirs one individual more than another to reach a higher level of civilization may be due to a multiplicity of factors. That she is unable to reach her ego-ideal is evident in the presence of conflict. What prevents her reaching her ego-ideal is a matter for analysis: the analysis of a mental and emotional life going on within her of which she is unaware. The adapted individual has solved her problem by remaining happily where she is, at an infantile level of behaviour, i.e. instinctive, and she reacts like a child in the nursery. The normal adult is also adapted at an adult level of behaviour. She has adapted herself to the ways of her own social group and respects the demands of the community as a whole upon her.

The adapted and infantile criminal is not even reconciled to her own social group, she refuses to recognize any social group at all. It is true she may belong to a gang, but its existence is dependent on this anti-social attitude. The unadapted is one who has difficulty in adaptation to her own social group or to the community as a whole; but in addition she cannot adapt herself to the 'criminal' group in which she finds herself. She has nothing in common with them. True she wishes to be adapted to her own social group, but she cannot achieve this aim.

The Psychopathic Group.

In this group we find 67 per cent. in whom some psychopathic condition is demonstrable, varying from definite psychotic manifestations and all degrees of mental conflict, to mild but, nevertheless, persistent fits of depression; and also cases that are psychopathic but cannot be further classified.

The following table shows the analysis of these 67 cases:

TABLE IX.

(a) Mental Conflict	.	.	.	.	44 cases.
(b) Psychotic	.	.	.	.	8 „
(c) Epileptic	.	.	.	.	4 „
(d) Various Psychopathic conditions	.	.	.	.	11 „

(a) *Mental conflict.* Considering first the mental conflict cases, the following points are noticeable:

1. All show shame and self-reproach, or projection, or negativism. (a) Shame, 33 cases; (b) Projection, 21 cases; (c) Negativism, 10 cases. Here it should be noted that with the development of projection or negativism, shame would not be admitted, since both mechanisms are flights from the feeling of shame and guilt.

2. Home conditions. Averagely good, 25 cases; Unsatisfactory, 12 cases; Vicious, 7 cases. The relative absence of vicious homes is noticeable. The unsatisfactory ones were made up of seven in which there was no training; three in

which the subject was spoilt as a child; one in which the father was religious and nagging; and one in which the immorality of the parents acted as a severe stimulant to the mental conflict.

3. Sentiment development. Average, 9 cases; Developing, 15 cases; Rudimentary, 20 cases. Ten of the rudimentary cases were those in which mental conflict was very slight, but was, nevertheless, after due consideration considered to be present. In all the other cases the mental conflict was definite.

In summing up these three points, therefore, we may suggest that with reasonably good home conditions, together with a greater development in sentiment, we get an increasing number of mental conflict cases. Putting this in other words, those suffering from mental conflict are those who have attempted to reach a higher standard of development than the others, of whom the majority come into the adapted group.

(b) *Psychotic group.* In this group we find eight cases, all of whom would have benefited by hospital supervision and treatment:

1. Attempted Murder. This person was still homicidal when I saw her. She had a fixed desire to murder her victim; she was cheerful and indifferent to her fate and said she would attempt the same act again if opportunity occurred, whether a policeman stood by or not. She had no conscious reason for wishing to kill her victim.

2. This person suffered from epilepsy and from periodic fits of wild excitement followed by fits of depression.

3. This girl repeatedly smashed windows of a particular person's house. She was finally committed to an asylum. Upon release she immediately again committed a similar act.

4. This girl violently assaulted her father whenever he crossed her. This tendency developed after encephalitis lethargica.

5. Attempted Suicide. This girl was manic-depressive in type.

6. This girl had the mannerisms of *dementia praecox*.

7. This girl was probably an early case of *dementia praecox*.

8. This girl suffered from extreme childishness and violent outbreaks of temper. She had delusions about her excretory functions.

The Adapted Group.

The large proportion of 39 per cent. of the total number of cases investigated comes under this heading. The subjects (excluding psychotic and psychopathic cases) are without exception lacking in sentiment development. The reality-principle, using this term in the Freudian sense, has not come into play to any extent. These individuals are as nearly without apparent signs of repression as it is possible for the human animal to be where he is living with his fellows. Having no apparent mental conflict they are more or less adapted, that is, they

are successful as biological units, though 'failures' from the social standpoint. They are not so much psychopathic as sociopathic. They have reached a standard of living in the society in which they move which, with their mental equipment, is as comfortable as it is possible for them to attain. Prison for most of them is part of that life; it is the unavoidable pain part of it. But even so, barring the inconvenience of loss of liberty, they are aware of very little discomfort. They find a certain pleasure in the routine of prison life, in the certainty of food at regular hours, and the comparatively easy work they are called upon to do. I have never once heard a complaint as to food or the work expected of them. In fact, for many it serves as a rest from the rather more strenuous and exciting life maintained outside. The majority settle down, after a weep or no weep, to serve their sentence. In other words, it is part of the life they have chosen and as such they accept it; the game is worth the candle. Even as their response to life or the reality-principle is elementary and their standard of living low, so we find their habits are at the same level. Their inhibitions are those of necessity rather than those of ideal. They have reached an elementary standard of cleanliness, the lowest that would be tolerated by the society in which they move. It seldom extends to the exclusion of vermin.

Physiologically these girls are for the most part physically fit and robust. There is very little evidence of disease; with the exception of venereal disease in the prostitute class, and except for the diseases of childhood, there are seldom any other illnesses recorded in their histories. There may be a certain amount of debility in a few cases, but this is usually accounted for by the immediate circumstances prior to their imprisonment, e.g. a girl who is a prostitute by profession may have a run of bad luck for a time and be underfed. A considerable number of girls become fat and anaemic while in prison, probably due to the limited open air and exercise they get, and to the plentiful and regular feeding of a somewhat starchy and farinaceous nature, and the number of hours devoted to sleep and lying down. This physiological fitness corresponds to the psychological harmony, and is what we should expect in those who are adapted.

The question arises, are these adapted and sentimentally deficient people any more capable of profiting by education than the intellectually defective? Do we get out of them the best of what they are capable? If these individuals are harmonized, can we upset the balance and force them to re-adapt to a new set of circumstances more in accord with society's demands? Could a certain proportion of them be stimulated to a higher level of sociability by aiming directly at focusing their attention on the gain of deferred pleasure and at the same time applying, indirectly, pain or that which is unpleasurable? In any case, even if a large proportion of this group should be found to be uneducable in this way, they might, possibly, be made useful and productive enough to be self-supporting, if permanently supervised.

The following table shows the analysis of this group, of which there are thirty-nine cases:

TABLE X.

Deficient in Intelligence	22 cases.
Deficient in Sentiment Capacity	39 "
Home Conditions Vicious or Unsatisfactory	28 "

SECTION III. REPORT ON AN INVESTIGATION INTO THE PSYCHOLOGY OF INMATES OF PREVENTIVE AND RESCUE HOMES, 1927-8.

This investigation was undertaken at the request of the Central Council for Preventive and Rescue Work in London by whom the funds for assistance in the development of this work were supplied. With the assistance of Drs. Franklin and Kitchin, one hundred girls and women from seven Preventive and Rescue Homes in London were investigated; these Homes were selected as being those that seemed to offer best facilities. They were under the jurisdiction of various religious bodies, viz. Church of England, Roman Catholic, Jewish, &c.

Some of the girls had come under supervision for pilfering, others had led irregular sexual lives, and others again had come into the Homes from a variety of causes such as unsatisfactoriness of home conditions, homelessness, incorrigible behaviour, &c. With one or two exceptions, they all came from the same class; that is, they were girls whose education had been entirely elementary. A selection of cases was made the subject of a more intensive study, and a survey of these will be found in the section relating to the Psychopathic Group in this report.

In the following report on the one hundred cases examined, it will be noticed that in dealing with the material under various headings some numbers reported upon do not reach one hundred. This is due to the fact that in these cases the information on the point being dealt with was not obtainable, or, if obtainable, was thought unreliable, and therefore, was not used. It is also necessary to bear in mind that such classifications as have been made for the sake of descriptive purposes are arbitrary, and the borderline between these cannot in the nature of things be exactly defined; for example, in dealing with the margin between satisfactory homes and unsatisfactory homes, consideration has to be given to what might be considered normal from the point of view both of environment and the psychological state of the members of the household. A certain degree of psycho-neurosis would probably be found in all parents; therefore, the margin between the degree of this pathological condition which can be considered 'normal' or 'averagely normal', and the degree in which it passes over into the category of 'unsatisfactory', cannot be measured by an absolute standard.

This report is set out in three parts:

A. Notes on Homes visited.

B. A brief analysis of the mental and physical condition of the hundred cases.

C. An attempt to summarize the inferences suggested by the results. It must be recognized that it is impossible to draw other than tentative conclusions from figures so few in number as those here dealt with. An endeavour has been made to classify the cases into groups with regard to treatment.

A. NOTES ON HOMES VISITED.

There are many obstacles to carrying out a scientific investigation of this sort, and as these have some bearing on the ultimate selection of material it is well to put them on record.

Nine Homes were visited. After preliminary explanation was given of the nature of the investigation, five of these offered facilities. In one instance, the heads seemed particularly anxious that something should be done, but explained that the cases were not to be selected cases, although the first half-dozen proved to be of a most difficult type. The girls reacted very rebelliously to being picked out from amongst the others and scenes followed. Not unnaturally, it was impracticable to carry the investigation further.

In three of the Homes, the investigation was to be in mental testing alone, and further to be applied only in cases selected by the superintendent. From the administrative point of view this was a reasonable stipulation, but as my intention was, for the sake of excluding all possibility of selection, to carry on the investigation in those Homes only where all the inmates were to be seen, these three Homes had to be excluded.

The Homes investigated were, however, representative. The inmates were girls who were placed in the Homes on application either from the parent, or from the police courts, prisons, hospitals, poor-law institutions, and rescue agencies. These girls or young women were unmanageable or under bad influence, had pilfered, or had become pregnant or prostitutes. Their ages ranged between 14 and 27.

In some Homes the investigation was allowed to proceed with the exception of special cases, where it was necessary for my purpose that the girl should be seen repeatedly and over a considerable period. It was disappointing to have begun such an intensive investigation and to have it interrupted. However, there were two Homes where the facilities were adequate, and from these Homes for the most part I drew my special cases.

All the cases were from elementary schools with the exception of one.

The information was obtained from the superintendent, from Home-records, from the girls themselves, and from medical records supplemented by physical examination by the investigators when considered necessary. Except in individual cases, conclusions have not been discussed with the superintendent. Nor indeed for the most part did there seem to be much value

in doing so. Naturally a preliminary discussion with the superintendent took place. But opinions varied greatly. Some despaired, feeling that the girls were all mentally defective; others felt vaguely that with many of them it was not a definite lack of intelligence, but a kink, and in this latter view they were undoubtedly right.

In this connexion it might be well to mention that in the course of my prison investigation, I saw a number of girls from the Borstal Institution who were being taught by an outside lecturer for three days weekly. I was fortunate enough to be able to discuss my findings with her; she was a person of wide experience and of considerable psychological insight, although without scientific training. It was interesting to note that the conclusions which we arrived at independently concerning each girl's character, intelligence, and general physical and mental condition, invariably coincided.

No comment has been made on the standards reached in the school curriculum, since, as already stated, the only information obtained has been through the Home records and the girls themselves. Moreover, it does not follow that a child who has reached Standard VI or VII is necessarily neither subnormal nor defective. There are various reasons why children in these so often overcrowded schools have to be pushed on at definite periods; e.g. the teacher may not think it fair to leave older girls, however backward, working with younger children, particularly if these older girls have undesirable tendencies.

B. ANALYSIS OF MENTAL AND PHYSICAL CONDITION OF CASES INVESTIGATED.

Main Grouping.

One hundred cases have been divided into three main groups.

TABLE XI.

Pilfering	25 cases.
Sex Irregularities	29 „
Other Cases	46 „

1. Pilfering. This includes all in whom pilfering was habitual. There were others who pilfered occasionally, but these were deemed to be suffering no more from this tendency than the average human being.

2. Sexual Irregularities. These irregularities included prostitution, promiscuity, and obscene conversation.

3. Other causes. An analysis of these is shown in Table XII. They are subdivided into sections as follows:

(a) Asocial behaviour. This comprises running away from home, staying out late at night, insubordination, violent temper, &c.

(b) General subnormality. This includes cases which were subnormal in intelligence, and those which, apart from the

intelligence factor, had so feeble a personality that they were not able to cope with their occupation, and therefore were sent in for training.

(c) Unsatisfactory homes. This includes all who come under the headings unsatisfactory homes and vicious homes in Table XII.

(d) Bad companions.

If we look at the three main groups from the point of view of the ultimate goal of these unfortunates, it will be seen that classes 1 and 2 are more or less doomed to come into the hands of the police sooner or later except in those cases in class 2 where an isolated and accidental pregnancy has occurred. The profession of prostitution usually leads to the courts. Promiscuity amongst the class we are dealing with here sooner or later leads the same way. Obscene conversation would not necessarily do so of itself, but this type of girl is quickly drawn into association with prostitutes and her future is prejudiced.

When we come to Group 3, we have a variety of individuals whose future is less certain. Some of them will undoubtedly need permanent supervision in Homes, e.g. mental defectives; while others will be throughout life a nuisance and an affliction to those with whom they come in contact, but need not necessarily come into custody in prison or workhouse, or become inmates of Homes.

TABLE XII.

Analysis of Group 3 of Table XI (46 cases).

Asocial Behaviour	14 cases.
General Subnormality of Personality	30 „
Unsatisfactory Home Conditions	24 „
Bad Companions	2 „

In this Table it will be noticed that there is considerable overlapping. This is accounted for by the fact that sometimes stay in a Home was due to a combination of two or three factors. Five of these cases were put in for asocial behaviour as well as on account of unsatisfactory homes. There were three cases in which asocial behaviour and unsatisfactory homes were coupled with subnormality of intelligence, and fifteen cases in whom subnormality was coupled with unsatisfactory homes. There was one case in which asocial behaviour and a general subnormality of the personality was observed. The large proportion of cases of subnormality (thirty out of forty-six) in this group is a matter for attention. Of these, eleven were placed in Homes on account of subnormality alone; four were mentally deficient and needed permanent institutional care; and seventeen were subnormal only, but were probably capable of training to a point at which they could hold a situation carefully chosen for them, but might still need some form of supervision. Nine of the subnormals needed supervision, but not necessarily institutional care.

Home Conditions. (100 Cases.)

The home conditions have been considered under three headings.

TABLE XIII.

Satisfactory homes	.	.	.	.	50 cases.
Unsatisfactory homes	.	.	.	.	41 „
Vicious homes	.	.	.	.	9 „

The analysis of the cases from 50 satisfactory homes is as follows. (Compare Appendix 3).

(a) Five of the girls had step-mothers.

(b) One or both parents missing in eleven homes. In three, the mother died before the child was seven. In three, the mother died before the child was thirteen. In two, the father died before the child was seven. In two, the father died before the child was thirteen. There was one family where both parents were dead before the child was thirteen.

(c) In three cases there were foster parents from infancy. In two of these the child was illegitimate and subnormal in intelligence. In one, the child was mentally defective.

The analysis of cases from 41 unsatisfactory homes is as follows:

(a) There were nine where one or both parents were promiscuous sexually. In one, the mother was removed to an asylum: information as to the form of psychosis from which she suffered was unobtainable. In one, desertion by the parent took place. In two, the child was removed from the home and cared for by the guardians. In one, irregular living was coupled with gross indifference to the child.

(b) In six homes the parents, or step-parents, were indifferent and unkind to the children.

(c) In one home the parent was alcoholic.

(d) In five homes the children were neglected.

(e) In three homes the children were boarded out because the mother had to go to work on account of the death of the father.

(f) In nine cases the child was brought up by the guardians or in Homes, or sent from pillar to post amongst relations. One child was withdrawn from its home as the father had fits and the mother was a feeble personality. Three came into the hands of the guardians on account of the death of the parents. Two came into the hands of the guardians on account of the sexually irregular life of one or both of the parents. The remaining cases came into the hands of the guardians on account of desertion by the parents. There was one case where the mother of an only child was removed to an asylum; the father was an old man.

(g) There were eight cases where separation or desertion by the parents had taken place. In one, the man deserted his wife on account of an illegitimate pregnancy. In four, the

father deserted. In the remaining cases, separation was mutually agreed to.

I have given these details not so much from the point of view of the social worker as from that of the psychopathologist. Experienced social workers may even regard them as not very valuable. But the psychopathologist has a special interest in those environmental factors which either contribute to or stimulate mental conflict. In the whole of this group with few exceptions, for example in those cases where the mother had to go out to work, *the chief point of interest to note is the comparative absence of any kind of parental love in the lives of these children.* In 34 out of the 41 cases this absence was almost complete. Of the remaining seven, the quality of affection bestowed on these children was of doubtful character; in three the child was boarded out on account of the mother having to work, so that whatever natural affection was there for the children was unavailable on account of external circumstances.

The analysis of the cases from nine vicious homes is as follows:

(a) Three, where violence was associated with alcoholism on the part of one or both parents.

(b) Two, where cruelty and sexual irregularity went together.

(c) One, where there was violence and thieving.

(d) One, where there was thieving and sexual irregularity.

(e) One where there was sexual irregularity. All children were illegitimate and by different men.

(f) One where sexual irregularity on the part of the mother and desertion by the father took place.

Here again, the absence of a suitable atmosphere for the expression and growth of love within the family circle is significant, and we find by adding together the figures for unsatisfactory and vicious homes, that there are 50 cases of this kind. That is 50 per cent. of the 100 cases were brought up on a soil and in an atmosphere where the ordinary love in a family life was absent.

Another interesting fact emerges from the analysis of the standard of intelligence of the subjects from these three types of homes:

From the 50 satisfactory homes: (a) 24 were normal in intelligence; (b) 26 were subnormal, including one mental defective.

From the 41 unsatisfactory homes: (a) 19 were normal; (b) 21 were subnormal, including two mental defectives.

From the 9 vicious homes: (a) 5 were normal; (b) 4 were subnormal.

It is not intended to draw from these figures any very elaborate conclusions as to the influence of environmental factors; and in any case the investigation of intelligence problems is rather cramped by existing definitions which postulate an *innate* functional capacity or combined capacities. Those interested in problems of inhibition may, however, infer from them that home

conditions do not of themselves and without any added factors necessarily have any influence in lowering the standard of intelligence of the child. Nor do they show what is so often asserted, that these unfortunates are feeble-minded themselves and come of feeble-minded stock.

Physical Conditions of Parents of Subjects.

TABLE XIV.

Both parents healthy . . .	45 cases.	
One or other parent phthisical . . .	11	} Physically diseased.
Other physical diseases . . .	7	
Psychoneurosis . . .	6	} Mentally diseased.
Psychoses . . .	7	
Epilepsy . . .	2	
Mentally deficient . . .	2	
No information obtainable . . .	20	

From the above table it will be seen that in 56.4 per cent. of the 80 cases the parents were healthy, that is to say, roughly speaking, half these girls came from healthy stock and half from diseased stock, physical or mental.

Of the physically diseased stock there was 22.4 per cent.; of the mentally diseased, 21.2 per cent.

The question which naturally arose out of these figures was: How did the girls from healthy parents compare with those from diseased parents from the point of view of mental imbalance?

The following shows the results:

A. Girls with healthy parents.

(a) Of these there were 37 out of 45 showing mental imbalance as follows: Psychoneurotic 22; Psychopathic 11; *Dementia praecox* type 2; Cyclothymic 2.

(b) There were eight cases where there was no evidence of mental imbalance.

B. Girls with parents showing physical or mental disease.

(a) Girls with parents physically diseased. Of girls with this class of parent there were 18, i.e. 22.4 per cent. of the group of 80. These were composed of those classified as suffering from 'phthisis' and 'other diseases' in Table XIV. The 'other diseases' comprised cases of heart disease, cancer, bronchitis, &c.

The analysis of the mental state of the girls of these physically diseased parents is as follows: Psychoneurotic 9; Psychopathic 3; *Dementia praecox* type 1; Cyclothymic 1.

There were only three cases in this group where there was no evidence of mental imbalance.

(b) Girls with parents mentally diseased. Of this class of parents there were 17 cases, i.e. 21.2 per cent. of the group of 80. The analysis of these was as follows: Psychoneuroses 6; Psychoses 7; Epilepsy 2; Mentally Deficient 2. From these 17 mentally diseased parents, 16 girls showed mental imbalance, and only 1 showed no evidence of mental imbalance.

The analysis of the mental imbalance of these girls is as follows: Psychoneurotic 5; Psychopathic 6; Cyclothymic 5.

The figures given above may be summarized as follows:

TABLE XV.

	<i>Mental Equilibrium of girls.</i>	<i>Mental Imbalance of girls.</i>
Healthy parents . . .	8	37
Physically diseased parents	3	15
Mentally diseased parents	1	16

Physical Conditions of Subjects.

The following table is an analysis of the physical diseases and defects in this group of 100 cases:

TABLE XVI.

Defective vision	6 cases.
Enlarged or septic tonsils	12 "
Hypothyroid	3 "
Enlarged thyroid	8 "
High palate	3 "
Defective hearing	3 "
Rheumatism	1 "
<i>Morbus cordis</i>	1 "
Anaemia	6 "
Irregular or carious teeth	13 "
Conjunctivitis	3 "
Old T. B. affection	2 "
Venereal disease	3 "

In the 100 cases 85 are considered as having defects so slight as to have had no bearing on the general condition of health or mentality. There were 12 in whom the combination of carious teeth, slight enlargement of tonsils, slight enlargement of thyroid, &c., were together sufficient to be accounted as a factor in probably influencing, secondarily, the behaviour of the subject. In the hypothyroid cases, subnormality of intelligence was also present; these cases were associated also with anaemia.

In the three cases where venereal disease was present, this was obviously a consequence and not a cause of asocial behaviour.

Intelligence Tests.

The mental tests used (Binet Terman and others) were not intended to gauge the whole mentality of the subject, but to measure the particular factor of psychic equipment comprised in the conception 'general intelligence'. This is not the place to discuss the conception of the word 'intelligence' beyond the fact that, as used by Binet and many of his followers, it was regarded as innate, and they considered that a diversity of mental processes was involved. Hence a variety of tests was used in each age so that special aptitude or weaknesses would not unduly affect the Mental Age.

As was emphasized by the inventors of the tests, mental defect does not depend on general intelligence alone, so that the Mental

Age, although a most valuable aid to diagnosis, and especially in distinguishing lack of endowment from paucity of acquirements, is not of itself an absolute criterion of defect. The manner of dealing with the questions, for example, by absurd answers, lack of insight, &c., helps diagnosis, though without necessarily influencing the Mental Age. Mental deficiency, it must be remembered, is legally dependent on relation to the environment.

The Mental Deficiency Act, 1913, Clause 1, gives as definition of deficiency the following:¹

The following persons who are mentally defective shall be deemed to be defectives within the meaning of this Act:

- (a) *Idiots*: that is to say, persons so deeply defective in mind from birth or from an early age as to be unable to guard themselves against common physical dangers.
- (b) *Imbeciles*: that is to say, persons in whose case there exists from birth or from an early age mental defectiveness not amounting to idiocy, yet so pronounced that they are incapable of managing themselves or their affairs, or, in the case of children, of being taught to do so.
- (c) *Feeble-minded persons*: that is to say, persons in whose case there exists from birth or from an early age mental defectiveness not amounting to imbecility, yet so pronounced that they require care, supervision, and control for their own protection or for the protection of others, or, in the case of children, that they, by reason of such defectiveness, appear to be permanently incapable of receiving proper benefit from the instruction in ordinary schools.
- (d) *Moral imbeciles*: that is to say, persons who from an early age display some permanent mental defect coupled with strong vicious or criminal propensities on which punishment has had little or no deterrent effect.

The fourth category, *Moral imbeciles*, need not be considered here. Intelligence, though important, is not the only factor. We might, for example, compare the case of a certified mental defective whose Intelligence Quotient was 64² with another case having an Intelligence Quotient 57.81 who was indubitably not certifiable. In this last case, poor endowment was compensated for by stability, lack of affective attachments and of sentiments, strong reality sense and undeviating self-interest. These rather unattractive characteristics, the outcome of an abnormal and loveless home life, may have been partly the result

¹ The Mental Deficiency Act, 1927, became law on 22 December, 1927. Its definition of defectives contained in section one differs from section one of the 1913 Act (quoted above) as follows. The term 'moral defectives' is substituted for 'moral imbeciles' and a subsection (2) is added defining 'mental defectiveness'. This now runs, 'a condition of arrested or incomplete development of mind existing before the age of eighteen years, whether arising from inherent causes or induced by disease or injury'. No alteration in grouping is made, hence the groupings given above are still valid for the purposes of this Report.

² *Intelligence Quotient* and its synonym, *Mental Ratio*, is the ratio of Mental Age to Chronological Age, i. e.
$$\frac{\text{Mental Age} \times 100}{\text{Chronological Age}}$$

of repression ; and it is arguable that intelligence may have been inhibited also at an early age. This woman of twenty had for the first time required care, owing to miscarriage of her plans for a rich husband who had left her pregnant. At one time she had saved £100 out of a small weekly wage. In the hope of making more, she had foolishly lent it to a plausible brother, but had taken care to have a signed agreement with him. Later, when he failed to keep this agreement, she on her own initiative sued him and won the case. This instance is cited to show the possibility of utilizing a low grade of intelligence in such a way as to be independent, for in this case the ordinary advice and support of friends and relatives was absent. There was no suggestion of dishonesty or of law breaking.

Probably no person in whom the Intelligence Quotient was so low as 50 could, in spite of other assets, dispense with supervision and control, and most would need permanent institutional care.

In this survey the description Subnormal or Mentally Deficient has been regarded from the point of view of Intelligence Quotient only, and is therefore not equivalent to a diagnosis, or to an exclusion of defect from the wider point of view. The object has been not so much to detect the mentally defective cases, as to estimate defect in intelligence and compare this with other features appearing in the subjects. An Intelligence Quotient below 75 is classified as Subnormal and an Intelligence Quotient below 50 as Mentally Deficient.

The hundred Institutional cases were tested by the Terman modification of the Binet Simon tests. These tests, like all others, are open to criticism, but they are probably those most widely used and have the advantage of giving definite intelligence quotients.¹ For various reasons they were more practicable than the group tests. In my opinion, the Terman Tests are probably more useful in distinguishing grades of normal intelligence. The highest Intelligence Quotient attained was 103, and only three exceeded 100. The tests, however, were made on adults and a higher Intelligence Quotient might be expected from children above their chronological age level than with adults of the same standard, for the choice of questions would be wider. These considerations, however, are not of great moment for it is of more interest in the present case to compare the subjects with each other than with some absolute criterion ; and to distinguish the subnormal from the normal, than to grade those who were in the upper level of the normal, where testing is in general less reliable, although sometimes enlightening.

Some cases with Intelligence Quotient of about 95 had gained scholarships, but on the whole the general level of intelligence, even among the 'normals', was not high ; and, although a few were above the average, probably none were outstandingly so.

¹ For purposes of comparing results, it should be added that the tests used at the time of this investigation were more stringent than those re-standardized for London subjects by Professor Cyril Burt. This may partly account for the marked proportion of borderline defectives, and any comparison with more recent investigations should be made with due correction for scale. In any case recent psychopathological research suggests that the term 'defect' is itself subject to revision.

Cases with Intelligence Quotient above 75 were considered to be within normal limits, though this allowed considerable degrees of variation in intelligence. (The score 75 is the equivalent of Mental Age 12.) Adults whose Intelligence Quotient was above 50 and below 75 were classified as Subnormals (Mental Age 8-12 in adults). This group included cases ranging from the feeble-minded to the merely dull and would include the 'morons' of American nomenclature.

The results of the tests were as follows:

TABLE XVII.

No. of Normals.	Intelligence Quotient.
48	75 and over
No. of Subnormals.	Intelligence Quotient.
48	50-75
No. of Mentally Deficients.	Intelligence Quotient.
4	50 and under

It will be noticed there are 52 cases (i.e. 52 per cent.) below par in intelligence. This is of interest if compared with figures relating to inmates of prisons, where the average mentality is higher. Out of 100 prison cases it was found that only 36 per cent. were below normal in intelligence.¹

Since there was a large number of cases in whom psychological imbalance was present, it was thought that some useful knowledge might be gained by finding out what relation there might be between manifest mental conflict and the intelligence.

The following table shows the percentage in which manifest mental conflict was present:

TABLE XVIII.

Normals (48) showing Mental Conflict	30, or 62.5 per cent.
Subnormals (48), „ „ . .	24, or 50 „ „
Mentally Deficient (4) „ „ . .	1

The figures do not prove much. The slightly greater percentage of manifest mental conflict amongst the normals is what we should expect, and in my figures for prison inmates the relative difference between the figures for mental conflict in normals and those in subnormals is considerably greater. The one case included amongst the mentally deficient was possibly one of *dementia praecox*.

Relation of Intelligence Quotient to Psychoneurosis or Mental Conflict.

Although some degree of psychic imbalance, cyclothymia, 'constitutional psychopathic inferiority', &c., was discerned in a very large number of the cases, we are confining our attention here only to those considered to have mental conflicts or marked psychoneurotic symptoms. The number is more likely to have

¹ Vide Section IV, p. 41.

been under- rather than over-estimated, as symptoms are often only revealed after intensive investigation involving many interviews, a view, incidentally, which applies also to normal groups.

The tests applied were intended to be as objective and impersonal as possible, and to estimate innate intelligence apart from educational acquirements, and apart also from the degree to which mental endowments are effectively utilized, e.g. the formation of sublimations, &c. The comparative educational factor did not come into this survey as the subjects were mainly drawn from the same class. The possibility that psychical inhibition might influence the test results was considered. That this does not occur in a very obvious degree is probable, as tests showing marked variability of affect in a survey of ostensibly normal subjects would not have been retained. Moreover, failure in a few tests would not affect the main classification, except in cases on the borderline, though there might be under-estimation within the group.

Again, it is possible for a subject to show the influence of mental conflict by delayed reaction time, and other signs of emotion, without its affecting the 'score'. Inhibition, through being examined in a state of anxiety, may occur, but probably not to a very marked degree. Naturally, there was mild anxiety in some cases, but never was this intense or acute. The tests were given as a routine, and the subjects were generally interested and co-operative, and could be put at their ease. One case broke off in a negativistic mood, but had already done enough to establish herself firmly in the 'normal' group. More frequently are to be found cases in whom preoccupation with their own troubles prevents them from putting their best effort into the more difficult questions requiring sustained attention, but this does not lead to failure to answer the simpler questions, or to absurd replies. An example of this was a case, not included in the series, who had been in the top standard at school at $11\frac{1}{2}$ and had obtained an art scholarship, but only reached an Intelligence Quotient of 92.18. She was co-operative and friendly, but very much preoccupied with her conflicts.

It was desirable to ascertain whether these general impressions could be verified practically. An attempt was made, therefore, to investigate the relation between certain features of the tests and manifest conflict or psychoneurosis. A summary of the results is appended.

(1) '*Scattering*': that is to say, successes and failures being intermingled and covering several age groups, instead of one or two. On *a priori* grounds it was expected that there would be a definite relation. The result was therefore unexpected.

A hundred cases were tested; manifest mental conflict or psychoneurosis was found in 55.

In 30 cases of the 55, the 'scattering' was of moderate degree, difficult to classify, though it may be noted that a marked degree of psychoneurosis or of manifest mental conflict was present in 18 of them. The extent of moderate scattering may be due to some discrepancy in using, for English subjects, tests that had

been evaluated for Americans, as well as to genuine irregularity in the subjects. Re-standardized tests for London subjects, however, were not available for the complete range.¹ Therefore, it was decided to ignore moderate scattering and to take into consideration only those cases where there was definitely marked or else decidedly slight scattering.

Cases with *slight* scattering numbered 35, of which 20 had mental conflicts or psychoneuroses.

Cases with *considerable* scattering also numbered 35 and comprised 17 with conflict or neurosis.

It follows that, taking these cases together, 'scattering' cannot be considered as having any general relation to manifest mental conflict (whatever may be the relation to unconscious conflicts or inhibitions) and must arise from other causes, such as a real unevenness in the innate mental equipment. In some individual cases the scattering does appear to be related to the symptoms, though this is difficult to establish.

It is interesting that out of five cases described as showing some characteristics of *dementia praecox* (and included among the conflict group) three had marked or very marked scattering. In one it was moderate; and in only one, an intellectually undeteriorated case with an Intelligence Quotient of 99, was it definitely slight. Scattering in the intelligence tests is a well-known characteristic of *dementia praecox*, and in advanced cases is sometimes of diagnostic value in distinguishing deterioration from primary amentia.

(2) *Ball and field problem*. This is intended to be a test of practical judgement. It was chosen for the present purpose for various reasons. This test was given to 175 subjects (100 Institutional cases; 75 Prison cases).

Result. Of the 175 cases examined manifest mental conflict and psychoneuroses occurred in 88, or 50.28 per cent.

(a) Number of cases in which the test was in agreement with the age standard was 84. Of these, 42, or 50 per cent., had manifest mental conflict or psychoneuroses.

(b) Number of cases in which the test was above the age standard was 21. Of these 6, or 28.57 per cent., had manifest mental conflict or psychoneuroses.

(c) Number of cases in which the test was below the age standard was 70. Of these 40, or 57.14 per cent., had manifest mental conflict or psychoneuroses.

Taking all the cases together, there would appear to be a slight relationship between psychic disturbance and special inadequacy in this test, but not enough to be of diagnostic importance.

(3) *Fables*. This is described as a test of generalization. It is regarded by Terman as fairly closely correlated with mental age and is intended to be done in the shorter form of the tests. The fable test occurs at age 12 (Intelligence Quotient 75 in adults) and 16 (Intelligence Quotient 100), so belongs entirely

¹ See footnote, p. 33.

within the normal group and is one of the borderline tests of that group. A fable is read to the subject, who is asked what lesson it is supposed to teach.

Results. Of the 100 cases examined, psychoneuroses and manifest mental conflict occurred in 55 :

(a) Within mental age group : 70 cases. Mental conflict or psychoneuroses occurred in 34, or 48.57 per cent.

(b) Above mental age group : 15 cases. Mental conflict or psychoneuroses found in 12, or 80 per cent.

(c) Below mental age group : 15 cases. Mental conflict or psychoneuroses found in 9 cases, or 60 per cent.

(d) Taking (b) and (c) together, that is, cases where the test does not accord with mental age : 30 cases. Mental conflict or psychoneuroses found in 21, or 70 per cent.

It is seen that the large majority, 70 per cent., accord with mental age, but that where this does not occur the proportion of psychoneuroses and mental conflict is definitely greater, viz. 70 per cent. as compared with 48.57 per cent.

There were some cases which showed definite inconsistency by failing in a test at one age and succeeding in a similar but more difficult test at a higher age. These were few, but seemed worth considering. The observations were made during the testing of comprehension, of the repetition of digits in reversed order, of the repetition of digits in the same order, and of the repetition of sentences. Of a total of 14 such cases, 3 only had manifest signs of mental conflict.

It is probable that these anomalies are not related to neurosis. They are perhaps due, at least in the case of the digit tests, to momentary inattention, though the subject need only succeed in one out of two or four series of numbers. Whether vacillating attention should be so closely correlated with general intelligence is arguable. In some cases the depression of the mental age was notable.

One must conclude that, with the exception of the fables (and the number of cases where these did not accord with the age was only 30 per cent.) none of the features selected for investigation showed numerically that they were definitely influenced by psychic disturbance. It would appear that the tests, on the whole, are not greatly, or at least demonstrably, modified by psychoneuroses or mental conflict. A similar conclusion, though also tentative, was reached by C. A. Richardson in an article called 'The Influence of Affection Factors in the Measurement of Intelligence', *Brit. J. Med. Psychol.*, vol. 3, 1923. In a good many cases, the tests were of considerable value in uncovering convincingly a higher intelligence than one would have expected in those subjects who were dull in manner, inhibited, psychoneurotic, or mal-adapted. This does not prove that in some individual cases which may present difficult and important problems, the Intelligence Quotient cannot be diminished by psychic disturbance. It would be interesting to re-test cases

after analytic treatment. We are confronted by the phenomena that these women and girls show an excessive proportion of psychoneurosis and of subnormal Intelligence Quotient and are tempted to postulate a connexion. Or is it that these individuals, who in childhood did not receive care and training in Homes for the Mentally Defective, or in Reformatories, or who in adult life escaped imprisonment and yet require supervision on account of anti-social conduct, combine for the most part psychic instability with inferior intelligence?

Suppose the intelligence tests do, as seems probable, measure a definite mental characteristic (i.e. general intelligence), it is possible that this is not invariably innate, but may be acquired through the operation of very early infantile mechanisms. In particular, the influence of variation in the scope and intensity of repression may be decisive at a stage before character is formed. This, we now know, occurs with other character abnormalities. Abnormal characters may be due to a more diffuse repression than occurs in those with psychoneurotic symptoms only. It would be of great interest to re-test a case after deep analytical treatment which had achieved alterations in the character, in order to discover whether there had been liberation of intellectual powers that had appeared, even after scientific measurement, to be congenitally absent. We already know, of course, that some cases diagnosed as mentally defective have, as the result of psycho-analysis, achieved considerable liberation of intellectual powers; capacity and the utilization of intelligence improves, but we do not know whether the early equipment, which is supposed to be innate, and is measured by these tests, changes. To re-test a subject, even after the most superficial psychotherapy, might help to elucidate the influence of psychoneurosis on the Intelligence Quotient.

Sentiment Development.

For purposes of gaining some idea of the sentiment development of these subjects a broad classification of development under the headings of Rudimentary Development of Sentiments, Intermediate Development of Sentiments, and Normal Development of Sentiments was made. A brief description of what is included in each class is given below. The classification is necessarily arbitrary, but an endeavour has been made to place the cases in groups in relation to an average or normal group; and this average or normal group has been evaluated with due regard to the social stratum from which the subjects were drawn.

The result of this classification is shown in the following table:

TABLE XIX.

Rudimentary Development of Sentiments	.	35 cases
Intermediate Development of Sentiments	.	48 "
Normal Development of Sentiments	.	17 "

It will be seen from the above table that 83 per cent. show a

deficiency in sentiment development, while 35 per cent. show it in a very marked degree. The Rudimentary Group, i.e. 35 per cent., is composed of those who show the egoistic sentiment in a marked degree with very slightly developed familial or religious sentiment. In the Intermediate Group, i.e. 48 per cent., have been placed those showing the egoistic sentiment still rather unduly predominant, with a fair degree of familial sentiment and a slight degree of, perhaps, one or two of the others.¹ In the Normal Group, i.e. 17 per cent., the egoistic sentiment is not so pronounced, the family sentiment is much more developed, and two or more other sentiments are appreciably present.

In a further analysis of the sentiments themselves the egoistic, familial, and religious sentiments stand in the normal position of development, but when we come to the patriotic sentiment, which is really a continuation, a spread outwards of the familial sentiment to include the bigger family of the nation, we find an abnormally low percentage, and with it an equally low percentage of the altruistic sentiment. The aesthetic sentiment, however, is rather unexpectedly high. It has been said that the aesthetic sentiment is related to the maturing of the sexual instinct and develops later than other sentiments. It might be permissible, therefore, to suggest, in cases where early aesthetic development together with sexual maturity has been brought about, that undue sexual stimulation has been present from an early age, and that this has impeded the development of the patriotic and altruistic sentiments. There may be little in the idea. However, allowing that it may be true, there is at least this in its favour, that early sexual stimulation and development is of frequent occurrence in members of this social order. In many cases whole families are born, live, and grow up in one or two rooms. Often young children of the ages of six and seven sleep in the same bed with their parents, and children still older sleep on couches or beds in the same room.

The chief feature, however, of these figures is the low percentage shown of those having average sentiment development; that is to say, the development which makes it possible to live as a useful and harmonious member of society.

Psychopathic Group.

TABLE XX.

Psychoneurotic	.	.	.	.	.	37 cases.
Psychopathic	.	.	.	.	.	39 "
Cyclothymic	.	.	.	.	.	8 "
<i>Dementia præcox</i>	.	.	.	.	.	3 "

This table deals with 55 out of a group of 100 cases where there was some *pathological* degree of mental imbalance.² Considerable overlapping is present.

¹ The sentiments noted were the egoistic, familial, religious, patriotic, aesthetic, and the altruistic.

² As was suggested in the Preamble, modern psychopathology takes cognizance of certain symptomatic or characterological reactions which were previously ignored as unimportant or 'natural' habits. It is necessary, however, that these reactions

In the psychoneurotic and psychopathic groups are to be found 49 out of 52 of the cases of subnormal intelligence of the whole group of 100. The other three cases of subnormality in intelligence come under the cyclothymic group. Now 59.6 per cent. (29 cases) of the group of 49 cases of subnormality belong to the psychopathic group; while 40.4 per cent. (20 cases) belong to the psychoneurotic group: that is to say, that in these 20 subjects subnormality was present with psychoneurotic symptoms of pathological importance. How much subnormality of intelligence is due to basic subnormality, or how much is acquired subnormality, can only be estimated after full analyses of the subjects.

Violent and quarrelsome tempers, suggestibility, failure to grasp the situation, characterized this group.

The following table is a list of the symptoms and character traits which are considered to be of pathological importance:

TABLE XXI.

Phobias	12 cases
Doubts	1 "
Hysterical attacks	3 "
Violent tempers	10 "
Obscene conversation	5 "
Migraine	6 "
Enuresis	3 "
Suggestibility	5 "
Depressions	8 "
Compulsion to bite	1 "
Compulsion to eat sweets	1 "
Tics	2 "
Kleptomania	7 "
Negativism	12 "
Fantasy	8 "

In one hysterical case there had been an attempt to commit suicide by strangling.

In another case, in a fit of depression the girl had attempted to drown herself.

In one case hysterical fugue had been present.

One subject complained bitterly of her condition, feeling that she was going mad. She suffered from uncontrollable fits of temper, acute phobia of the dark, visual and auditory hallucinations, and a mind full of conflict in relation to everything in life.

Another suffered from a spasmodic hiccough, was violent tempered, and there seemed to have been a direct interrelation between her tendency to use obscene language and the hiccough or 'bark'. She was of the cyclothymic type. Her load of guilt was intense and a rapid alternation between exaggerated self-

should have a characteristic feature wherewith to distinguish them clinically from so-called 'normal' habits. This feature is usually represented by an element of 'compulsion' in the habit. Thus in Table XXI the 'compulsion to eat sweets', although apparently a normal habit, has nowadays a recognized symptomatic form. 'Obscene conversation' is included not simply because it is regarded socially as a justifiable cause for detention in a Home, but because it can be manifested as a compulsion. Further research will doubtless uncover many other formations of this type.

esteem and self-depreciation was constant throughout all interviews.¹

There were seven cases where the habit of stealing was a matter of great distress to the girls concerned; where the stealing was of such a character as to be more or less useless, and the objects not desired on account of their intrinsic value, but for some unconscious reasons. One girl in particular had a vague kind of feeling that it had something to do with her 'Daddy' and in some kind of 'queer way' she felt vaguely that the stealing was 'an act of revenge'.

In one case of nocturnal enuresis, the subject was a dull and backward girl of fourteen, who had fears of the dark, could not sleep alone, and whose physical condition was poor.

Another girl with nocturnal enuresis had always slept with her sister who woke her up nightly to attend to her. She was backward and showed negativistic tendencies.

The third girl suffering from enuresis was also a pathological liar, had choreic movements, and suffered from ideas of reference.

These few examples will serve to show to what degree the pathological mental state was present in the subjects of this group, and it is needless to press the point that the result of the pathological condition of these subjects could have far-reaching effects on their general behaviour towards life.

Although analyses of all these cases would be ideal, quite certainly it would be impossible in every case for both internal and external reasons, and in the summary which follows (p. 87) an attempt has been made to show in some practical way what might be done with these people.

SECTION IV. COMPARISONS BETWEEN PRISON AND PREVENTIVE HOME CASES

A. INTRODUCTION.

In this section I have demonstrated only such differences as exist between the two groups of subjects and have made no comments on aspects common to both. These latter predominate, due undoubtedly to the fact that the girls are almost all drawn from the same class of society, where home conditions and social standards are less exacting and are different from the standards of those who rule them. The divergencies are few, and are in my opinion largely attributable to the presence of the greater number of subnormals in the Homes.

B. TABLES OF COMPARISON.

1. *Asocial behaviour.*

	<i>Prison.</i>	<i>Preventive Homes.</i>
Pilfering	57	25
Sex irregularity	24	29

The reason for difference in figures here is fairly obvious. The

¹ These cases are more fully elaborated below.

Homes do not confine themselves to taking in children who are pilferers or those practising sex irregularities; but take in also the unmanageable child or the child who has no home, or an unsatisfactory home, but who has not necessarily ever been convicted of asocial behaviour.

In summing up on this class, I do not think there is much to be said that will not be said elsewhere in this report. Certainly those who are pilferers and have already shown signs of a predilection for a sexually irregular life are likely, if not helped, to qualify for prison later.

2. *Intelligence.*

	<i>Prison Group.</i>	<i>Preventive Home Group.</i>
Normal	64	48
Subnormal	21	48
Mental Defectives	15	4

It will be seen in this class that there is a considerably larger figure for subnormal intelligence in those sent to Preventive Homes. I think this can be accounted for in two ways:¹

(a) A number of these girls are very young and have been brought up by guardians before being sent on to Homes. Repression, which is the rule of the day in institutions, and the cut and dried mode of life which leaves nothing to the initiative of the child, can only have an inhibiting influence. Such children when submitted to standardized tests are likely to qualify as subnormal.

(b) Some of these children are sufficiently subnormal in intelligence to need permanent supervision, and the tendency to-day is to endeavour to give them care and training in Homes, rather than leave them to drift later into prisons.

(c) The mental defectives of the prison group are of such an age as to have escaped the mental testing that is now applied during school age. That a proportion of these should drift into prison is understandable. The present-day mental defective is discovered as such usually before she reaches a Preventive or Rescue Home.

3. *Sentiment development.*

	<i>Prison.</i>	<i>Preventive Homes.</i>
Rudimentary	61	35
Developing	23	48
Normal	16	17

I should give the same reason as above for the increased numbers of those that fall into the developing sentiment group in Preventive Homes. The inhibited type of girl will have more sentiment development than the uninhibited adapted type of whom so many in the prison group show only rudimentary development.

4. *Psychopathic group.*

	<i>Prison.</i>	<i>Preventive Homes.</i>
Psychopathic and Psychoneurotic	55	76
Psychotic and Epileptic	12	11

The same considerations hold good here as in (2) and (3) above,

¹ See footnote, p. 33.

i.e. the difference between the figures 55 and 76 is accounted for by the greater number of subnormals in the Preventive Homes.

5. *Home conditions.*

	<i>Prison.</i>	<i>Preventive Homes.</i>
Vicious	26	9
Unsatisfactory	27	41
Satisfactory	45	50

The greater number of unsatisfactory homes in the Preventive group is accounted for largely by the number of those children who have been brought up in guardian Homes. Institutional bringing up in itself is unsatisfactory. The absence of parental love has far-reaching effects, the importance of which in the development of the child cannot be over-estimated.

SECTION V. THE PSYCHOPATHIC GROUP

A. INTRODUCTION.

In this section I have selected from the whole mass of material a few cases whose histories have been given *in extenso* and discussed somewhat fully. Some of these cases have been seen by me at intervals over a period of several years. It is hoped, by this selection, to emphasize the social, environmental, and psychological factors at work in bringing about asocial behaviour.

What has been demonstrated in these sample cases may be assumed to be demonstrable in all the subjects of this group. The deeper one delves into the psychology of these individuals, the more insight is obtained into their fantasy life and the various mechanisms at work in dealing with that fantasy life.

I think it will be agreed that no case in this series will ever benefit in any way from imprisonment or simple residence in Homes. In each case we find evidence of psychoneurosis or of psychotic trends. In some of them we find a definite history of marked psychotic symptoms or some general nervous instability in either one or other, or both of the parents. Environment, as a special factor, has, of course, played its part in asocial behaviour, but there is no evidence that environment alone has produced bad results. Incidents which appear to have a traumatic effect are not necessarily in themselves the original causes of subsequent behaviour; for instance, in Case 1, it is not to be supposed that this girl's behaviour was due, either to her being shut in the cupboard for punishment as a child, or to the fright of seeing a man exposed.

Repetitions of the same reactions, of the same compulsions, of the same depressions, occur over and over again with a monotony that is wearisome. The woman in Case 18 is criticized, gets depressed, takes alcohol to remove the depression, becomes drunk and disorderly, and is taken up by the police. There are countless times when she repeats this behaviour, and, whether or not the ill chance of meeting a policeman at the moment of intoxication comes her way, the weary cycle goes on: criticism,

depression, alcoholism. Case 17 similarly becomes depressed, excited, destroys, finds relief, and is remorseful; and this sequence of events is present every time before the onset of menstruation. In Case 3 we have a more complicated state of affairs, but here again we get the same kind of monotony of procedure. Any odds and ends, any small pretty object tempts this girl to possess it and to hoard it, objects having no value in her eyes other than that they are pretty and small. No one would arrest a girl for picking up or deliberately taking a red bead, but if she took a diamond the case is otherwise, and yet both red bead and diamond would be of equal value in her eyes. *They must be possessed and hoarded because they are small and pretty.* If punishment were a rational cure for this condition, it would be as sane to punish her as severely for picking up and pocketing a red bead as for picking up and pocketing a diamond. Again, in all these cases, in varying degrees, with the exception of those where there is evidence of psychosis, there is full agreement on the part of the unfortunate with the attitude society holds towards her act—in other words, her own moral standard with regard to her actions is that of society's. She deprecates them, is full of shame, remorse, agony, that she cannot help herself. Where psychotic trends or symptoms are present, this distress and insight tend to vary with time and mood. In Cases 10 and 16, where psychotic trends were present, we get the immediate situation (that is to say, the prison conditions) provoking the psychotic manifestations. Nevertheless, underlying this state, as in the Case of No. 16, one could detect shame and dissatisfaction with her course of conduct outside prison. This dissatisfaction appeared at first to be entirely absent in Case 10, where the girl's mental and moral development was very low; but it could be detected in her over-protestation that she was not 'immoral'. In Case 6, the girl was absorbed in her misery; but her reaction to the idea that she had stolen, in so far as she appreciated or gave attention to this accusation, was perfectly normal.

Another point of outstanding importance is that abnormality of behaviour and psychic instability can be traced back to childhood in every case. Moreover, the particular form of antisocial behaviour for which a girl was undergoing sentence could also be traced back to early childhood. From this, we may legitimately argue that such treatment as we may be able to offer these people at this present time, so far as it can be curative or at least ameliorate the inner psychological condition, would have been of double value if it had been applied at an early age. Putting it another way, if we once realize that criminal actions are not the product of a momentary impulse, but the product of a pathological pattern of psychology, the earlier we discover the pathological condition and the earlier we treat it, the more likely are we to save such individuals from a criminal career.

I have shown evidence of psychotic reactions in several of the cases, but the period over which I saw these individuals does not warrant me in making a final diagnosis of a progressive psychosis in any one of them. Certainly Nos. 10 and 16 could be termed

cases of prison psychosis, i.e. a psychosis which develops as a reaction to definite environment, but whether in the sense of Siefert and Gleuck I am not ready to say. No evidence was obtainable as to the family histories of either of these cases which indicated in any way the presence of hereditary taint. In Case 10 there is subnormal intelligence; but intellectual defect, per se, does not necessarily result in criminal actions nor in psychoses; nevertheless I should class her as one of the truculent type of intellectual defect, and therefore we might call her a degenerative psychotic.

In Case 16 there was no question whatsoever of defective intelligence. In her case, she had responded, it is true, with less violence, but nevertheless with the same delusions¹ with regard to her excretions, that is, she responded psychotically to the prison environment. In both of these cases their behaviour in ordinary life was irregular, resistive to discipline of any kind, and on the whole impulsive. The pressure of the enforced discipline of penal life seems to have forced these temporary and economic psychoses to emerge. I think it is justifiable to class the hysterical smasher with this type of case in respect of the general characterology of these individuals. They may not all have degenerative bases or show evidence of psychoses, but what they all have in common is this irritable reaction towards anything that in any sense of the word might be called thwarting. They are all very egoistic and hypersensitive. They all tend to have paranoid reactions, feeling that everybody and everything is ordained so as to injure them in some way or another. In many cases the smashes are revenge or defences against injuries which they imagine are about to be inflicted. Any one who is unable, because of his psychological structure, to submit to the slightest impediment is necessarily going to become and remain anti-social; but whether this rebel state is due to heredity or acquired, can only be found out by the study of each individual case, and probably in most cases we shall find that the causative factors are not one but several. Certain it is that this class of psychopath is and must always be recidivistic, and there is very little difference between letting this type of case out to prey upon the public and letting certain types of insane patients out to prey upon them. In the one case a recognized form of psychosis makes it permissive to keep the individual suffering therefrom in segregation, while in the other type the individual is allowed to prey continually upon society, since science so far has not been able to bring him within the category of legal insanity.

Summing up, I think it might be said that the following conclusions are supported by the material set out in this section:

1. The necessity for full investigation of all cases. Reformatory penal or institutional measures must be futile in the absence of this.
2. That psychotherapeutic treatment should be available for every case where the investigation shows it to be necessary.

¹ Cf. Case 10.

3. That preventive measures by timely diagnosis and treatment at an early age should be taken.

4. That segregation of cases other than those included within the present regulations is necessary. The term legal irresponsibility might be used to replace the term legal insanity and so avoid the invidious distinction between 'sane' and 'insane'.

I have presented the following twenty cases as being representative of the whole group, and have tried to bring out clearly such points of interest as are peculiar to each. As far as possible, I have kept to the wording used by the girls in recounting what they told me; hoping in this way to enable the reader to gain some understanding of their personalities (for example, in Case 8, although her intelligence as registered by mental testing was normal, yet the girl spoke and thought in the way of a child of six or seven).

B. CASE HISTORIES.

Case 1.

Age 30. Education: Elementary and Secondary Schools. Number of children born: three. Position of child in family: youngest.

This girl came under my notice at the very beginning of my investigation, before I had developed any scheme of work, while I was, so to speak, meandering in and out of these girls' lives collecting impressions; occasionally branching out into a more active role and watching the effects of various endeavours, experiments in psychotherapy, dropping this side completely later with the realization that what could be effected under existing circumstances was not only transitory or useless, but even detrimental in impairing the field for future attempts at cure or amelioration under ideal conditions. I finally confined myself to observation alone; except in one or two cases where I was drawn aside from my purpose by the desire immediately to render what aid I could, and this only confirmed what I already knew. This case, then, was one in which psychotherapy was tried in addition to the merely passive observation to which I ultimately limited myself.

The girl was in for obtaining goods by false pretences. She had several previous convictions and on many occasions had committed the same offence without discovery, or, if discovered, no action had been taken. Her age is about thirty, she gave it as twenty-eight, but as she was twenty-seven three years ago it is obvious that her age, as well as so many other facts she relates about herself, have undergone distortion. She cannot tell the truth; cannot, not will not. To get anything like a chronological history out of her was an impossibility; to tell an incident in her life with any approximate degree of accuracy was as impossible; and this with a real desire to tell the truth which one could watch her struggling to express. It was so palpable to both parties in the conversation that, even while she was telling these stories, she, by her manner, said: 'What I am telling you is all

make-up. I know you realize this, but I cannot help telling you it this way all the same.' It was only in the later stages that she was so obviously guilty while she spoke. At first she really believed she was being taken at face value, and not for a long time did I in any way disillusion her. But during this early period the fantastic stories she told of herself led me astray in understanding the foundation of facts upon which she built up her fantasies. I thought more was fictitious than actually was so. And it was only later, when a part of her life outside prison was enacted under my own eyes, when I was in frequent contact with her for four months after her release, that I was enabled to arrive at any degree of the true estimation between fact and fantasy.

Her parents were lowly and uneducated people of a superior type. Her father either had a little shop of his own or was merely a shop assistant. He was also a lay-preacher in a non-conformist church or chapel. Now this girl, whom I shall call Nora for the purposes of this paper, made the most elaborate plans to convince all those with whom she had to do, that her mother and father were people of considerable importance and of unquestionably high social standing. She claimed her father was a canon in the Church of England, and as proof of this produced a photograph of a clergyman of obviously high intelligence and refinement. With this she showed a photograph of a very handsome woman in elaborate and costly evening attire as her mother. And with these photos to back her up and numerous other aids such as false references, she has repeatedly procured for herself situations as governess in high-standing families, and this in spite of the rather obtrusive lack of refinement in the girl's manner, speech, and general appearance. It was this lack of education and refinement that led both myself and my colleague to discount the veracity of her statements and to look upon them as part and parcel of the fantasy world in which she lived. However, we were mistaken, as I found later, when I got into communication with two of the families she mentioned; and there is much of interest that might be said as to how she succeeded in so deceiving her employers, were it not that such an excursion would take us too far afield.

In addition to this driving compulsion to assume a social standing above her own, she also had to be engaged and on the verge of marriage with a man of importance. For this role she chose army officers, who usually developed a rise in rank at her hands. One such was an officer in the Intelligence Department, a major with considerable wealth and who was most devoted, hardly letting a day pass without sending her quantities of flowers or chocolates. The lover did exist, but he was a down-and-out, ex-war officer of the rank of captain, who had not a penny to his name outside the pittance that he received from his comparatively poor parents. Nora was sending herself these expensive presents.

It is easy to see that, to keep up these appearances, money, or the equivalent, was needed. So that to procure clothes by false

pretences became a necessity. But to procure anything that at the moment would enhance her value amongst those with whom she found herself was equally compulsory; she could not brook denial of anything that was obtainable by secret means, even to the extent of waiting for a more opportune moment. Nevertheless, the time when it became necessary to renew her wardrobe seemed to become insistent after two or three months; but the simple matter of obtaining the goods became complicated by the affection she felt for the children and the respect she felt for her confiding employers. A conflict began between the attaining to her desire and the inhibition of such an 'unkind' and 'wicked' act. The result seemed to terminate in one of two ways. Either she began to feel ill and insisted on leaving at once; or, she became strange and ill in her behaviour and at the same time ordered things right and left, usually in the name of her employer. Discovery was the inevitable result, and she, relieved from the breaking strain of awaiting discovery on the one hand, and crushed and ashamed on the other hand, would immediately start in on a new role: this time that of the pitiful and tragic drug addict in the hands of a mythological persecutor. Suicide was often threatened; but on one occasion when I was able, unknown to her, to be first hand witness to an exhaustive hunt for some tablets of which she claimed possession, none were found. No suicide was ever seriously attempted. Neither at this nor at any other time did either my colleague or myself discover evidence of drug addiction.

Of her childhood she had a lot to say. She was ten years younger than her brother and sister. The following is a brief account of her life, written for me at my request. Readers should, however, bear in mind her compulsion to fabricate, which I have mentioned above. It is very incomplete, but time and facilities were lacking to make anything like a full account. But it will serve to show what was of importance to her in her life, the landmarks, as it were, behind which lies the solution to the riddle of her personality. I shall indicate by a query sign, or a parenthesis, where I suspect, or have reason to know, that the facts have been tampered with.

'I was born on May 29, 1898, and cannot remember much of my early childhood, except that I was always spoken of as a "queer child". Being 10 years younger than my brother and sister, I had no companions, but never wanted the companionship of other children as I remember distinctly that I lived in a world of my own, having a very vivid imagination. I loved to collect beautiful dolls around me, imagining they were my children, and I would play with them for hours alone. I remember hearing it said that it was useless trying to make me pay visits, and that I would cry until ill with temper until I was left alone. A black doll was once given me and I promptly threw it in the donor's face and wondered how anyone dared give me anything so ugly, as I dreaded anything that was not beautiful in some way. I never seemed to fear anybody or anything (she had a phobia of dark places and closed doors; and at the time of writing, although

in prison, was compelled to look under her bed and into cupboards and drawers, however small, every night for possible burglars. This phobia, she traced back to an event in the third year of her life), and when about four years I remember being told I was to present a bouquet of flowers to the Lord Mayor of — and his wife (this, of course, could be true). My Father, to whom ever since I can remember, I idolized (note the phraseology) had previously told me that it was an unclean habit to pick up cigarette ends and that only nasty dirty men smoked. I had an excellent memory, and when my Mother took me to the big public ceremony, I noticed the Lord Mayor put down a cigar before going on to the platform, and I promptly told him while throwing the flowers at the Mayoress, that “he was a nasty, dirty man” because my daddy said so. I remember always feeling a bitter resentment against my Mother because she was always admired for her looks and artistic abilities, and because my Father devoted himself to her in every way. I also felt that as the plain member of the family I was a great disappointment to her, and I once heard her say that “she had never felt well since she was born”. Because she kissed me one night wearing jade (coloured) earrings and asked my Father to get her something, thus preventing him saying good-night, I always hated green and have never worn the colour since. I was always very outspoken in my remarks and astonished the family and friends on Xmas by coming down stairs draped solely in a scarf having got the idea from an Indian Picture Book showing a Native Dancer. I was kept in complete ignorance of physical things and when I was about 11½ years when I became unwell I told my Father at the tea-table that I had cut my leg and it wouldn't stop bleeding. My Mother told me what to do and I was not curious in any way. At school I was considered to be a clever child tho' much too quick for my years (she claims to have passed exams about which from the mother I have the following answer to my enquiry: “she 'as passed no exams except for Music for Trinity College exam.”). Sewing I always hated, and bribe any girl to do my ugly bit of a specimen in return for doing her sums. I distinctly remember that as I was to be awarded the first prize for Literature and Mathematics, my Mother said I could have a new dress. The prize day turned out to be a very bad day, and so, as I had quite a few pretty dresses, my Mother said that it would spoil the new dress and I was to wear another. I flew into a terrible rage and hurled a knife at my Mother, but luckily hurt nobody. I cried myself ill and was unable to go. I was always over-sensitive, and frequently had these rages, and often had to stay in bed for three days at a time with sick head after. When I was about thirteen years I met and made a friend of a girl called Mary who was my opposite in every way being just as calm and even-tempered as I was erratic and impulsive. We went to classes and school together, and practically became more inseparable than sisters. I seemed to change when I was fourteen, and became the ring-leader of mischief at school. I was an excellent mimic, and seemed to be very popular with the girls, tho' I was

given the character of being indifferent to punishment and wasting my ability. I refused to study for exams and managed to get about 3rd out of 65 at examination times. (*Vide* remark above.) I was very overgrown and had fits of depression and restlessness and wanted to earn my living, but had no idea what I wanted to do. I loved music, but only wanted to go to it when I felt like it, and I was continually scribbling poetry and stories at night. When about 17, my friend and I decided to go to a Domestic Training College and as our homes were about 5 miles from a Town we had to walk across a large open park. I was walking alone when quite suddenly a man, who was exposed, sprang from a tree at me. I remember struggling, and racing home, and nearly knocking the door down, but for three days I lost my speech with fright. I have never been able to forget that picture and I broke two engagements through my repulsion at the thought of it. I became very nervous and would not stay alone or go out alone. I gave up this course of training and then studied Commercial Practice and went to a large works as secretary to a Chemical Doctor. The rush of travelling was too much and I gave that up and stayed at home with my Mother. I was under a Doctor for a nervous breakdown, as I was brought home from — in the work's ambulance having been found under the table in a kind of fit. After a time I took a Typist's post in an Insurance Office, and I remember when 20 I was going to work when suddenly I saw a cab coming down the rd; and upon glancing in I saw it was my Father who appeared to me dead. I ran back to my Mother (and she said she remembered I smiled) and said that Father wasn't very well and dashed for a Doctor who lived about five minutes away. I went for a nurse, and remember sitting up all night, unable to say anything, and quite unable to think or sleep. After a time my Father recovered from the Stroke and I still remained at home. About four months after this my Mother was going to a Dinner (?) when she stepped out of a taxi just as it was beginning to move, and sustained a broken leg. Whilst bringing her home she fainted, and when I answered the door she looked as if she was dead, and they told me she was. I remember being too stunned to help when she came round. The same week I had accepted an invitation to a party and as my Mother was better I went. I was regarded as the chief fun-maker but felt somehow as if I must go to my friend who had not been invited. I rushed back three miles terrified at the darkness, and found my friend in her room with a slight cold. Her surprise and my relief were equally great. Next day she was taken to a Nursing Home and the following day I was telephoned for and went to see her. She appeared well and said she had no pain. We discussed Xmas presents when suddenly she asked me to hold her and died. I went home and told my people and smiled about it. I took a bowl of flowers and put them on the coffin and I did not cry or sleep for about 10 wks (she appears to have had a struggle here between making it weeks or months): after that I grew tired of home and got another post as secretary. I met a man there and

we became engaged, but I was always ill and moody, feeling a perfect beast when "unwell". I quite suddenly amazed everyone with going into six shops and obtaining goods and groceries under False Pretence. I didn't cry or say anything, and because of respect to my people I was tried and fined at once and taken home as the Mayor said "he'd known me from a child as always honourable," but my solicitor said he thought "I should go on until I got to Penal Servitude", so my sister said. I brooded over this and finally ran away to —. I decided to marry an officer there and all was ready when I suddenly went into another shop there. He pleaded for me and the Magistrates fined me again. I went to his people and he was recalled and was killed (this part of the story was different when last I heard it). I went to — as a Governess and did it again (always carefully putting the thing away unused). I was sent to Prison for 12 mths. I was released and went to a Vicarag(j) where the Vicar was so objectionable that I ran away. I went to — with a False Character tho' there was no need for me to do that, but it pleased me to write it and was imprisoned again and subsequently twice more for the same thing. I then went as a companion—got a good place but felt I must give it (up). I came to London for two days and did it again as I felt so ill that I must take it out of somebody.

The peculiar phrasing and the use of capital letters are indications of how far her education went. This is of interest when we recall the astonishing fact that this girl was able to pass herself off to her employers as a university graduate. It is easy also to trace the compulsive need of hers to be always the central figure in every setting, whether in the role of the clever child, the naughty unmanageable child, or in any other capacity. Another interesting point is that, although she was asked to jot down in chronological order, as far as she was able, the chief events of her life in order to refresh my memory, she not only described each event in detail but had also missed out a great deal that was of the utmost importance to her when I first made her acquaintance several years ago. Her terror of the dark, of being alone, her stories of drug addiction, her travels in Canada and Jamaica and the happenings there (mainly extraordinary behaviour coupled with bad health), the story of her taking part in point-to-point races competing against one or other of the Princes: all these events were not forgotten, since they came up in conversation, but obviously had not the same conscious importance that they had had previously. Coming to prison again and being confined in a cell was necessarily stimulating her claustrophobia at the time at which she was writing the above account for me, and yet she did not mention it; in fact she denied the experience of fear at any time.

She did not suffer from delusions; her fabrications were all known to her and freely and ashamedly admitted whenever they were exposed. What she posed as being was what she wanted to be, but she lacked all power to reach that position through the ordinary ways and means by which a person better his social

position in this world, so accomplished it through cunning, and this did violence to her ethical sense. She had many likes and dislikes, especially in the way of food. She 'couldn't do' this and she 'couldn't do' that; she hated needlework of any kind; housework was beneath her. But neither was she able to study and so make certain of her part; she could not apply herself to anything.

In her sexual life, she plays the role of the innocent girl who is horrified and disgusted at the idea of sexual congress, and yet could ask me questions that displayed a knowledge of the most intimate details, and would give me information as to the success or lack of success on the part of her lovers with her (this, of course, could be fantasy), although she would claim never to have given herself to any one. She associates her depressions with her menses. At that time she feels she must hurt some one, and until she does this she is restless, morose, sleepless, and queer in her behaviour with people. She claims that she is always in this condition when she finally goes off and obtains goods. I was not able to ascertain whether this relationship between her actions and menstruation existed or not. There may have been a climax at such times when she threw all precaution to the winds; but the depredations were never confined to this period alone. Another factor which probably had something to do with the final denouement, and which I have mentioned elsewhere in passing, was that her conscience became more and more insistent as she realized how much she was being trusted and appreciated for her success with the children. The terrible 'What if I am discovered' loomed larger and larger, as she thought of how shocked the children and the parents would be if they discovered how they had been deceived.

Her reference had also to be to her liking. On occasions when she had an excellent reference, she would nevertheless write out a highly appreciative one for herself, and use this in preference to the real one. There was a special joy in this narration of her character and abilities which she could not forgo, although fully aware of the risks she ran on discovery.

She had had six fits (?) during her lifetime, but I was unable to obtain any details about them, except that, on one occasion, she was found lying under the table. She had repeatedly been in the hands of doctors for sleeplessness; and also at times when her behaviour had been strange (hysterical fugue).

Once when in Bermuda while in one of these nervous states, when all the family was out, she says she took the car, which recently she had learned to drive, and drove seventy miles up-country to a native store. There she stole two red cotton handkerchiefs and returned. Anything more apparently absurd and pointless in behaviour it would be difficult to demonstrate. At another time in South Africa, for weeks on end she did not put out her laundry, but carried it to the basement and stored it in a trunk. She would then scold the laundry maids for not doing her laundry and accuse them of being very unkind to her. Her employer, who thought her manner strange, watched and saw

her carry these bundles to the basement. When he showed Nora where her clothes were, she claimed to have no recollection of putting them there : another apparently senseless procedure on her part (hysterical fugue). The employer sent her home, telling her she was ill and should get treatment.

I think there is enough here to convince laymen and the medical profession alike that the employer's diagnosis of the case was right, and yet this girl is being repeatedly committed to prison for these offences and likely to be so till the end of her days. Apart from the humanity of the thing, is it not of economical importance that such a case—who is so heavy a charge on the State, and is likely to continue to be so throughout her life—should have every possible treatment in the hope of bringing about a cure? And it follows that, whatever treatment is undertaken, it should be made available under conditions that would give the best chance of success; and these conditions clearly cannot be those pertaining to prison life.

Case 2.

Mrs. B., aged 40, was in for stealing a dress. She had once before committed a similar offence. She married at the age of 16 a man aged 21. Her father advised her not to do so, as he considered the man was not quite normal. He acted at times 'so queerly'. He was violent in temper, and before his marriage had already shown himself capable of unkindness towards this girl. Her married life was one of continual ill-treatment from her husband. He was jealous of her every movement. He accused her of poisoning the food, and he used to knock her about badly. Finally, after nine years, he was certified and removed to an asylum.

She had had five children, two of whom had died of meningitis. When her husband was removed, she was allowed by the parish one shilling and sixpence per head per child, and nothing for herself. The consequence was that her children had to be sent to Homes. She went into domestic service and paid what she could towards the children's upkeep in these Homes.

About ten years ago she went to live with a man whom she wished to marry, had she been free to do so. She has lived with this man ever since. Although he and she look upon themselves as being married, yet, because of this husband who has been in the asylum for fifteen years, they cannot be legally married. Her present husband joined up in 1916, and she drew money for herself (this was apparently all in order), and also for the children (which was not in order). At the time she was doubtful about drawing this money, but her husband assured her that it was 'quite right'. When this was discovered, she was imprisoned for taking money on false pretences.

Four years ago she stole a dress, and now she has done the same thing again. Immediately after telling me, she added, 'I did not want it either, I had a buzzing in the head, I cannot think why I did it', and cried. (She has never had any inclination to steal at any other times.) 'My husband and I want

children. He is passionately fond of them. I cannot see why I cannot have them with him. With my first husband, when I did not want them, I fell every time.' This was immediately followed by a very full account of attacks of diarrhoea and vomiting which had occurred almost continuously over a period of four years, that is, since the first time of stealing a dress. Then followed an account of her husband's sister-in-law, who lives in the lower portion of their house. The sister-in-law drinks. She has a good husband and a number of children, but she is filthily dirty (the prisoner is spotlessly clean). This worries Mrs. B. a lot. The children obey the calls of nature anywhere and everywhere. Mrs. B. is responsible for the stair and lavatory, and it makes her ill to go near the place. Every time she does so it brings on diarrhoea. For this reason she has frequently to go there, and this, of course, increases her nausea and vomiting. She is indignant about her sister-in-law's neglect of the children. Just before she stole she had been disgusted and angry with the woman below. During that night she had a terrible nightmare. She frequently has the same nightmare. Her husband, quite mad, is under the bed. She then saw herself in prison. She woke up terrified, and her present husband had some trouble to comfort her. Next day she had to wait a few minutes for a bus, so went inside a shop, which was having a sale, to look around, but with no intention to buy anything. Next thing she knew was that some one was saying, 'What is that in your basket?' There was a black dress in her basket. She had taken no trouble to cover it, and she does not remember taking it. Further, it was perfectly useless to her. It was far too small for one of her size. She offered to pay for it, but they refused to accept the money and arrested her. She had a buzzing in the head all the time she was in the shop, which only left her when she came out into the open air. She cannot even now remember taking the dress, but seemed perfectly able to appreciate the fact as soon as her attention was called to it. The previous occasion on which she stole she did not recollect the act. I am inclined to look upon these states on both occasions as being that of hysterical fugue. Psychotherapy is undoubtedly necessary in this case. Removal to another house would serve to lessen the constant stimulation she suffers from by the presence of her sister-in-law, but it would not touch the root of the trouble, which is psychological.

Case 3.

Age: 27. Education: Elementary, Standard VII. Number of children in family: six. Position of girl in family: eldest.

In presenting this case I shall first give the history as she gave it to me; this will be followed by lengthy extracts from several long letters which I received from the mother. This is done to show how much insight was present on the side both of the unfortunate girl and on that of the mother; how the girl felt her terrible need of help, and of how the very intelligent mother had bravely done all she could for this girl. It will serve to

show how, if there were any systematized clinic whither such intelligent mothers could bring their delinquent children, they would not be altogether backward in doing so.

This girl, Daisy by name, is very intelligent. She is a great talker; she seems driven by some internal force, but she talks to the point. She is very anxious that something should be done to stop this habit of stealing. She cannot think why she does it. At three years of age she was kicked by a horse on the head. A year or so later she had measles, since when she has suffered terribly from her eyes; at times she is nearly blind. Because of her eyes she was unable to go to school; a teacher used to come and help her at home. She began fits at 18 years. She commenced menstruating at 16 years (14 years according to mother and the fits at 19 years). The fits are getting less recently. She feels lately that her memory is going; she cannot remember recipes for cooking.

She began stealing as far back as she can remember, almost as a baby. She cannot resist taking pretty things, but also collects all sorts of rubbish and hoards it—odds and ends of material. She never thinks anything about taking them until the things are asked for. If suddenly queried, she tells lies, and only after much effort and show of temper she confesses all, and is terribly upset at what she has done. Her mother put her in a Home for two years at the age of fifteen, hoping to cure her, but it had no effect.

She is very fond of her mother, and it distressed her very much when her mother married again. Her father died of pneumonia when she was fourteen. Her father had told her to take care of her mother when he died. She wants her mother all to herself and resented very strongly the step-father taking her place. She has nothing against him except that he is very lazy and lets her mother do his work. Except for that he is a good and kind man.

She has had a 'boy' for four years. Recently she has given him up. He used to sponge on her. She looked after him and mothered him because he was down on his luck and out of work; but he has taken advantage of that, expecting her to give him nearly all her wages, and to do his washing and to mend his clothes for him. The engagement is now broken off. She told him finally that he must choose between his mother and herself (*vide* mother's letters). She is erratic; gets an idea of doing something and must do it at once, e.g. she suddenly wished to knit baby clothes, purchased the wool immediately, and knitted them, although there was no baby to whom she could give them. She is passionately fond of children and would have liked to be a children's nurse, but because of her eyes and fits she could not become one. She collects clothes, makes them also, and then hoards them as she cannot bear to soil them. She hates dirt, and dirty people make her angry; she wants to take them out and scrub them. For a short while her periods stopped, and since then she cannot bathe. The moment she is in water she becomes giddy. At about the same time she became unable to go downstairs in the usual manner; she must go down them backwards

or she must sit on the stairs and look over her left shoulder. She gets 'tremendous' flushes and head throbbing at night and often hears some one squealing. This squealing has come on since she had influenza, which left her with a permanent buzzing in the ear. She frequently has nightmare. In these horrifying dreams something is always going to crush her or eat her up. The room walls begin to close in on her and the ceiling to come down; or she is being drowned; or a great monster with huge jaws and teeth threatens to eat her. She never has a pleasant dream. Since she has been in prison she is always dreaming of policemen beating her. She feels terrible pain, and, when she wakes up, has to find out it is not real by literally feeling herself. She always wakes up in a profuse perspiration after these dreams. Occasionally, when speaking she feels as if something goes wrong in the head; it swells, becoming bigger and bigger, and everything seems to get farther and farther away. Although she goes on working, her hand seems miles away. She has acute occipital and temporal pain while it lasts. This is anything from five to ten minutes. Then a 'pop' comes and all is right once again. She has slight exophthalmic goitre; and slight choreic movements which subsided as soon as she got at ease with me. She was continually blushing throughout all interviews.

In the mother's letters to me in answer to inquiries of mine, after telling me that the horse's kick had nothing to do with her bad eyesight; that this trouble was the result of measles; and that she knows nothing about her going blind; that she knows Daisy tells people that a doctor told her she would ultimately go blind; and that her eyesight has troubled her much less for some years now than it originally did; she writes the following: 'About her fiancé . . . they were engaged for six years and they parted last November entirely through Daisy's fault. He has stuck to her time after time, but with clear understanding that the next time would be the last, so that when she went for a few days to stay with some friends of his and a pen was missing and proved she had taken it, he wrote to me and said he felt he couldn't go on . . . it was as big a blow to him as ever was to her' (compare her story) 'I too lost hope then, I had always thought she would go straight for his sake. He was a man any girl might be proud to own, but I may say her whole life has been a tragedy; she has lost so much and gained nothing whatever. After her father's death we went to live with my parents, we had a good home and her grandparents were goodness itself to Daisy, but she took a delight in being contrary to them and writing the most extraordinary letters to her fiancé as to the hard life she led at home, which was of course a pack of lies. I don't mean she was always like this, because sometimes she was everything that was loving and kind, and we got to know, that when these bad tempers were shown, that she was not going straight—she is a strange mixture of good and bad. I shall be only too glad to answer any questions you may care to ask.'

In another letter the mother writes, 'She has never seemed quite normal. One of her peculiar habits was she would never

go anywhere with me (she is speaking of her as a tiny child), in fact she would go in quite a opposite direction if she got the chance, but she grew out of that as she grew older. About 10 yrs. of age her father and I got very worried about her. She suddenly got greedy over anything which took her eye just trifling things, once I missed some apples and when I found them in her pocket and pointed them out to her (another time she cut the flowers off her aunt's hat) but always declared she knew nothing about it. Then other people began to miss little things so that we never let her go anywhere—she would tell the most terrible lies and stick it out, but in the end would give the things up and cry and say she never meant to steal them but in the end did so. Apart from this one fault she has lived a clean life—clean industrious. She has a perfect mania for storing up all sorts of things not exactly finery but clothes more especially. Her temper at times is almost a frenzy and at others she is a dear loving girl, kind-hearted and loving to me. There is some brain trouble on her father's side, his mother was in an asylum for some months; his sister was there for 8 yrs.; an aunt died there and his niece is there now and has been for 2 yrs.'

With such a heredity, with so many physical disabilities, the girl may seem to be a poor specimen to treat with any hope of cure; nevertheless, since the girl has good insight into her condition and pleads so urgently that something should be done, I am of opinion that much could be done, and that she might indeed be cured were the treatment made available for her. Her denials of her misdoings are defence mechanisms against the overwhelming sense of guilt she has with regard to them. Her story about her fiancé is also partly defence against the unpleasant truth, but also she is working out in fantasy her unconscious wishes.

Case 4.

Age: 21. Education: Elementary and Secondary Schools. Number of children in family: two. Position of girl in family: eldest.

This girl, whom I shall call Rose, is somewhat similar to the one given in Case 1. I do not propose to give her history as fully, nor could I, for I was unable to follow her subsequent career outside. The similarity lies in the ardent desire to pass herself off as socially superior to her own status in life, and her repulsion and pretence of ignorance of all sexual matters. Her dissimilarity to Nora is mainly in the matter of lying. Whereas Nora always knew she was lying, Rose seemed incapable, in certain directions, of understanding that what she was saying was not true, even when the real facts were being pointed out to her. She was, in fact, suffering from delusions. Moreover, while Nora was rather obviously not the 'lady' she posed to be, this girl might quite well have posed as such, for she was very attractive and refined, both in manner and speech. Nevertheless, beyond the frank avowal that she loved beautiful

clothes and found it irresistible pleasure to go into a shop and pretend she was Lady So-and-So, she kept up no systematic deception as to her position with the rest of the world. She liked a gay life and she got into a bad set; she was ashamed at what it led her into, and could not think why she went on doing it. Thus it was not this side of her life where she was incapable of telling the truth when faced with it. In this respect she acted as Nora, and rather more quickly in admitting any fabrication. She gave as her history the following facts:—

She is a typist; her father is a commission agent (turf), who has done very well for himself. He is a Spaniard, but uses his wife's name and is known as an Englishman for business purposes. The father is strict, too strict according to the patient. She is not allowed out at night without him or her eldest brother (there is no brother). The mother is more indulgent, and when the father was called up, the girl persuaded the mother to let her leave home (her mother had to put the girl away in a Home during this period as she was so unmanageable). She went to live in a club (the Home where she was placed) where she enjoyed the freedom of meeting many friends. She was friendly with a woman older than herself, who continually borrowed money from her. Then one day she told the girl she could not pay her back. This worried her because she knew her father would be angry if he knew. The woman, however, said she would make it up to her by showing her how to get goods from shops without paying for them. She went into shops and used other people's names, knowing that they had accounts there. She was twelfth in a family of thirteen. She claims complete ignorance of sexual matters; and, although she gives stories of numerous young men kissing her and on two occasions attempting to rape her, she assures me that she does not care for boys; they always want 'one thing of her'. In the same breath she will tell me she likes being kissed by them. She never caresses any one. It makes her feel jealous of her sister when she sees her kissing her mother; she feels disgusted yet at the same time would like to be able to do it herself. She can make more fuss of her father in that way, but it never amounts to more than an occasional kiss.

It is easy to see enough discrepancy here to make one suspect the truth of her statements. An analysis was of course impossible, without which the disentanglement of fact from fantasy was impracticable. But this was one of the cases in which I was able to get reliable information from outside sources, and I then discovered that the father was a Scot, a plumber by trade, and that there were only two children in family. When I faced the girl with this, she seemed genuinely mystified, so much so, that I got into communication with the father himself, only to get from his own pen a corroboration of these facts. The girl still persisted that there were thirteen in family, and when I showed her the letter, asking her if that was her father's handwriting, thus giving her a barely covered hint how to make good her lie, she immediately said, 'Oh yes, that is my father's handwriting,

but how can he say that?' Now the mere difficulty of confessing to a lie was not the stumbling-block here, for she had confessed to other lies to me in the ordinary normal way, showing the usual shame and embarrassment. Moreover, the apparent aimlessness of claiming a family of thirteen is noteworthy; and her complete air of mystification was too real to have been consciously assumed. Although I was able to point out her discrepancies in her sexual history as she gave it to me, and could raise in her a slight dawning doubt in her own story concerning this side of her life, I could in no way whatever persuade her that she, possibly, was making a mistake in this matter. She was absolutely certain that her father was a Spaniard and that she was the twelfth of thirteen children.

There were other points about her that the father told me that made it easy to see that we were dealing with a girl who had shown peculiarities of behaviour from an early age. She had always been untruthful, cunning, and unmanageable. At the age of seven she had the habit of taking one bite out of all the apples on a dish and then putting them back upside down. One immediately asks why she did not steal one apple and be done with it. She would have escaped detection this way, whereas by this other method detection was inevitable; and, since the destruction was greater, the annoyance shown by the parents would have been correspondingly greater. It seems justifiable therefore to regard this as a symptomatic act. There was no question of subnormal intelligence; she was, on the contrary, intelligent beyond the average of her class; she had passed on from the elementary school to a secondary school, and had been there to the age of seventeen. She is a difficult case to classify, at any rate any more closely than to call her a borderline case. She is, in all probability, an incipient *dementia praecox* case. The unmanageableness at home, the irregular behaviour and the fixed delusions would justify the making of such a tentative diagnosis.

Case 5.

Age: 21. Education: Elementary. Standard VII. Number of children in family: four. Position of girl in family: youngest.

Vera,¹ aged twenty-one, was sent to me as being a very difficult girl in the Preventive Home. She was suffering from a 'bark' which became more and more irritating to the other inmates and staff among whom she was living. Her history showed that up to the age of thirteen she was a thoroughly healthy, merry, intelligent child. At that time, while she was racing along a road, a dog flew at her, bit her hand and was still chasing her when, to avoid both it and a van, she fell on a curb, struck her head and was unconscious for three days. Ever since, she says she has been jerky, irritable, and cries very easily. She reached Standard VII in her school and was to have worked for a scholarship, but was 'too jerky'. She was sent away to a friend,

¹ The names used in these case histories are of course fictitious.

but could not stay away from her mother, neither could she stand the loneliness of the country. She tried various kinds of work, but was not able to remain in any of them because of her 'jerks' and 'barks'. Finally, she stayed at home helping her mother and did dressmaking. This is briefly the girl's story.

The onset of the 'bark' is somewhat uncertain. She gives it as having commenced after influenza three years ago, but speaks of it nevertheless quite frequently as occurring in very early days. Her menstruation occurred for the first time at sixteen years. She gets considerable dysmenorrhea, and it is irregular in duration, lasting from three to eleven days. She always gets very depressed a couple days beforehand and several days during the period.

Her state when I saw her was that of hypomania alternating with moods of acute depression. Her flow of language was incessant. She was unable to give a direct answer to any question that needed more than a yes or no. This seemed to be due rather to a disorder in the process of thinking than to the content of thought, every chance association carrying her off into a change of subject. There was a considerable degree of distractability also present. Throughout these interviews and during one and the same interview, there seemed always a tremendous urge to express a volume of emotionally toned material, which showed alternately exaggerated self-esteem and self-depreciation. The depreciatory periods constantly ended up with 'Don't you think so, am I not really a very wicked girl?' She is entirely unable at the present time to give her attention to anything I may say other than what may be said to relieve her load of guilt.

She has taken a violent dislike to one of the staff and complains bitterly that she is unkind; always watching to jump on a person; always wanting to know things about her, and so on. Her hatred of this individual is intense. She could 'murder her'. She is a very sociable person as a rule, quick tempered, but usually does not bear malice. She cannot think why she hates this person so much. The intensity of her hatred strikes her as rather strange. In her flow of depreciatory conversation about herself, she constantly refers to her mother and father, as the case may be, and accepts uncomplainingly as final whatever she states to be their opinion. Her mother tells her that her brothers would murder her if they knew what had happened to her (she is pregnant), and she takes this at face value and thinks it is only natural that they should feel so towards her. The father has forgiven her 'this once', but would not do so again. They are moving so as not to be in the same place when she comes back. (Many of these girls develop a fantasy that the parents are moving solely for the reason to reinstate them in society. Sometimes there may be an element of truth in this, but for the most part the reinstatement is unnecessary for obvious reasons, and when the change of abode does take place, the reason for it is not that which is claimed by the delinquent.)

Her 'bark' is in the nature of a hiccough. She associates the

'bark' as commencing at the time of the dog bite. She connects the 'bark' with anger or nervousness. She likes to be obscene and tells obscene stories. She is easily provoked and uses every kind of obscene language in this state. If she tries to check it, her 'bark' becomes very insistent. The superintendent finds her a difficult girl in the Home on account of this 'bark' and obscenity. The jerk which accompanies it is a shrug of the shoulders with the head turned sharply to the right.

She was in the Home for pregnancy which was the result of a chance meeting with a chauffeur. The reason she gives for accepting his overtures for a ride was that she was lonely and restless. Loneliness and restlessness repeatedly lead these girls into risky situations. It has to be remembered that girls of this class so often lack the mental agility to cope with an awkward situation when it arises. In this case the girl was raped.

Reviewing this material, there are three outstanding points:

1. Paranoiac symptoms as shown in feeling: (a) that others are watching her; (b) that she could murder this person whom she dislikes; (c) that she accepts her mother's statement that her brothers would murder her. The fears are projections of her own unconscious hostility into the outer world. Her response to these supposed attacks are as in (b) above. She could murder the persecutor. If she is persecuted, then her hostility becomes justifiable in self-defence.

2. She identifies herself with the barking, biting dog, and 'barks'. Barking and biting is an indication of hostility and a wish to hurt or kill. If barking is closely related to obscenity, i.e. replaces it, then the obscenity is in essence hostile. This would seem to be the case, for when she attempts to check her obscenity the 'bark' increases.

3. Excessive guilt is shown by her exaggerated self-esteem and self-depreciation. The flight of ideas and lack of concentration were due to the feeling of guilt. Like a moth to a candle she would come back again and again for a brief moment: 'Do you think I am a very wicked girl?' only to jump away from the painful idea to this running and excited chattering. She never waited for an answer, but sometimes it was possible to force her attention, and momentarily, by reassurances, to allay her guilt. It was in these brief moments that the material which has been presented here was obtained.

Case 6.

Age: 20. Education: Elementary. Standard VII. Number of children in family: fourteen. Position of girl in family: youngest.

This girl, Milly, aged twenty, was on remand for 'stealing and found wandering in male attire'. During the first interview with her, she was depressed, miserable, immobile, and hopeless. At the beginning there was a certain amount of negativism which later disappeared. She is the youngest of

fourteen, and came from a very respectable home where the whole family, mother, father, brothers, and sisters were devoted to each other. As a child she had been inseparable from her mother. Up to the age of fourteen she was merry and bright, and considered intelligent at school where she reached Standard VII. She was a girl guide and had several badges. She went to service at fourteen, and was so homesick that the mistress, out of pity, used to let her go home a great deal. She seems to have given satisfaction in her work throughout her career (this is borne out by the police record). When about fifteen and a half years old, while she was with her mother, her father, one evening, went out with his gun to shoot a rat or weasel. He returned almost at once with his arm 'blown to pieces' and covered in blood. This was a ghastly shock to both herself and her mother. (Shock No. 1). When sixteen, she was called home from service suddenly because her mother was ill. When she arrived her mother was unconscious, and her stertorous breathing was heard all over the house. She died (Shock No. 2). Before the girl could readjust herself to this new condition, to her a particularly tragic blow, for she had never really adjusted herself to separation from her mother, she was taken away to hospital with diphtheria. From the time of her mother's death, she commenced having violent headaches and menorrhagia. She hallucinated her mother frequently. She did not dare to tell any one. The content of the hallucinations was simple; her mother came and stood by her, looking tenderly at her; but it gave her no comfort. This only made things worse, for the pain 'when her mother disappeared each time was terrible'. All the time she was ill with diphtheria she thought the nurse was her mother. Sometimes her brother (killed in the war) used to come with her mother.

After she recovered from diphtheria, she took another place on a farm. One day, when she was left alone in the place with a child, the little girl tripped over her shoe-lace going downstairs, and died in Milly's arms a few minutes later, before the doctor could be called (Shock No. 3). Milly had the presence of mind to send for the doctor and to call a neighbour before nursing the child. She went home, but was troubled more and more with the grief for her mother and grief over this terrible accident. The hallucinations increased. She hated the male lodger, whom her father had taken in, and put in her mother's room after her death. She felt it was unspeakable that her mother's room should be used by any one outside the family. She could speak about none of her troubles to any one, but felt that she would go mad if she stayed at home; so she took money from her father's pocket and ran away to people whom she knew in Wales. These friends of hers did not want her to work, since they felt she was too ill at the time; but she insisted on finding work immediately, as she knew she had done wrong in taking her father's money and wanted to pay it back. The father applied to the police to find the girl for him. The girl was arrested and charged with stealing (not by her father's wish)

and bound over on condition that she went into a Home for two years.

While in the Home she had scarlet fever and was ill for a week, and punished daily for not doing her work which she felt too ill to do. When she came out of hospital after scarlet fever, she took a place as cook. She was very weak, and suffered frequently from epistaxis. She began to have sick headaches; and finally, her mistress said she was too ill to do work and that she must see a doctor. The doctor sent her off duty immediately, and the mistress took her home in her car. At the same time the girl was having metrorrhagia, and was hardly a day free from it. She had been home for a fortnight, and had been out for a short walk during the afternoon of her disappearance. From this walk she returned early as she felt very ill. That night she had one of her migraine attacks, and that was the last thing she remembers.

She was found several days later in an obviously ill condition, having wandered and slept out. She was in male attire. She had no recollection of anything when she woke up in hospital. Her throat was very dry and her tongue swollen. When she was brought up in court she was still too confused to be aware of the court proceedings. But as far as she can understand from the explanation given her by the attendant with her, she was charged with taking the lodger's clothes and stealing money. There seems no evidence that she stole money; for none was found on her, and no trace of having spent any was discovered. The box from which the man claims the money to have been stolen had neither been opened nor forced. He had the key with him, and none of the keys belonging to the girl opened the box. Another mental shock which happened to Milly after the little girl's death was that of the death of her sister's baby. Milly says that she knew that the child had died, although they did not tell her; because, in her hallucinations, her mother always, after the date of the baby's death, brought the baby with her. A letter from the superintendent of police corroborates most of this history as the girl herself gave it.

There is yet one other point not mentioned by the girl to me, and that is, that in a letter from Milly to her sister she asks whether the sister's baby has yet been born. This baby had been born some time before, and the girl had frequently nursed it. The relief to this girl in telling me of these things freely and with tremendous emotion, and the feeling that at any rate, for a period, she would have some one to whom she could 'tell things', resulted in a great improvement in her condition. Fortunately in this case the medical reports weighed with the court, so that the result was that the girl was bound over, and I was asked to act more or less as her probation officer.

Now, a prolonged course of treatment at this period might have resulted in a radical cure, but opportunities for such treatment at the time were not available. I have kept in touch with the girl ever since. I secured a situation for her, ideal in some respects and not in others. She had a slight relapse within

a short period, and was again found wandering in a very confused condition. This time there was no police interference, and I was communicated with by the matron of the infirmary where she had been taken. After a long rest, a place in the neighbourhood was found for her where the work was easy and she was happy. From this time onwards her letters to me have been full of happiness and glowing vigour. She is now happily married, and one can only feel that so long as things go well, the girl will improve in health; but any unhappiness in her married life, or any accident to her husband or such children as she may have, will be followed by similar reactions as heretofore. A lengthy period of happiness at this time might result in a certain amount of consolidation of the personality, so that, possibly, she will not react in future quite so easily to adverse circumstances. The condition which may serve to keep her from these states of hysterical fugue will depend largely on whether at the moment of distress she has by her a friend to whom she is able to talk freely. By draining off the excess of emotion she may be experiencing at such a time, she may be able to cope sufficiently well with the underlying distress so as not to be confused, and thus be saved from behaviour which gets her into trouble. Although the girl is intelligent enough, her ways and outlook on life are abnormally childish. This is due in part to her upbringing. She was always spoilt as the baby of the family. She would learn that childish ways were thought a good deal of and would cling to them as a necessary part of her armamentarium in life. It will be interesting to see how much of this drops away from her when she becomes the mother of a child, and how much interest in herself she is able to pass over to interest in her child.

It is now nearly two years since I was brought into contact with this girl. From her mistress at her last place I learn that she has been weaving stories of having been entertained by me as her friend; that she has stayed with me, and that I have come down to spend time with her in the country, while her mistress was away; that her prospective husband was invited with her to visit me, and that I approved highly of him. None of this is true. I have kept in touch with the girl by an occasional letter over this period. This abnormal conduct must be of a compensatory nature. It adds importance to her and thus masks or softens her inner feeling of inferiority. It is of special interest in this case because we see the first stage in the development of what may quite well lead to an end similar to that of Case 1. To keep her story up she has to add fiction to fiction, and like the proverbial snowball, it becomes of greater and greater dimension as it rolls. Though lies at the present moment may be sufficient to keep up this fiction, if she begins to get 'presents' from me, she will have to get those presents somehow, probably either by stealing them or by obtaining them by false pretences. She has a baby coming in a month or two, and it is possible that, at any rate for a time, the possession of a husband and a baby may assuage her inferior feeling. Her

need for self-aggrandisement by means of fantasies becoming less insistent, they may, perhaps, disappear.

Now, in the development of every child there are two periods of emotional stress. In early infancy a slow integration of the personality takes place. Control is gained over bodily movements and functions, and over the emotions. This is followed by a period of latency. At puberty the second period of emotional stress takes place. New adjustments are called for, and the more difficult this has been in early years, the more difficult will it be now in adolescence. Old conflicts reappear in a new form. Any external trauma added to the difficulties of this period will be serious.

In this case the external traumata during the period of adolescence were very striking. At fifteen and a half years of age, the father's arm was shattered; at sixteen, her mother died. It was at the same time that her menses commenced. The mother's death was followed by a deep neurotic disturbance culminating in hallucinations of her mother. And of these she was unable to talk. This is followed quickly by the accident and death of the little girl of whom she was in charge. It was inevitable that Milly should unconsciously blame herself. About the same time her sister's baby died. She feels her father's use of her mother's room in letting it to the male lodger as an insult to her mother. Her feelings of desperation and of going mad drive her to run away from home. These shocks all followed, one after the other in quick succession. There was no time for adjustment. A bereavement such as this child suffered in the loss of her mother needed time before her grief could have expended itself, and so have enabled the girl to take up her life afresh. It would be considered normal for grief to take between one and two years to be assimilated. But all her troubles came one on the top of the other and gave her no chance of acquiring mental stability. Added to this, she had no one to whom she could express her pent-up sorrow about her mother, nor her burden of guilt bound up with the death of the child. The taking of the money was a desperate expedient to get away from an intolerable situation and to save her own sanity. She was in no sense a thief. She intended paying back and got a situation to that end.

Had Milly been treated for a mental breakdown after her mother's death, the so-called stealing episodes would not have occurred. But these events and the breakdown of resistances against physical and mental illness caused the underlying neurosis to emerge, and it is possible through her actions and hallucinations to get a picture of childhood dreads and fears and wishes which were the seeds of that latent neurotic trouble.

Case 7.

Age: 22. Education: Elementary: taught by father. Number of children in family: four. Position of child in family: youngest.

Bella, aged twenty-two years, was in the Home for pilfering.

She is a quiet, gentle-mannered girl of the verbalist type, who talks like a self-conscious child of twelve. Her whole flow of conversation centred on her 'Daddy'. She looked upon being placed in a Home as a punishment, and is going to be 'good' now.

She was the youngest of several, and from eight to ten years younger than the child before her. Her mother died at her birth. The relation who took the mother's place appears to have spoilt her entirely. When she was five years of age her father married again. This she resented intensely. She suffered a double loss, a loss of her dearly loved foster-mother, and more important still, the loss of her father. Her step-mother used to get between her and her 'Daddy'. She thinks she began pilfering at about thirteen years of age. She feels vaguely that when she first started pilfering it was a revenge on her step-mother and her father, but it very quickly became a habit. She had been thinking very hard; and then wrote a letter trying to explain all this to 'Daddy', but it was not allowed to be posted and was torn up, and this angered her very much. She got a letter from 'Daddy' that he was very ill and was not likely to recover. This made her think deeply, and she thought that this was a punishment for her naughtiness to 'Daddy'. A day or two later she heard her father was better and going home. She felt very happy and was going to be very 'good' now.

After four visits, the authorities stopped her coming on the grounds, that as the girl belonged to a class rather above the rest, the other girls would be jealous; that it took too much time off her work; and that they did not wish me to deal with cases who were not 'mentally defective or borderline cases'. Their standards of what constituted a defective or borderline case were 'administrative' rather than scientific. They ran: 'These cases do not appear to be capable of training in an ordinary Home and yet I do not think in the majority of instances we could get them certified.' What this attitude virtually meant was that cases giving most trouble in the Homes were thought of as mentally defective or borderline cases, and they were sent to me for investigation. Thus, although a girl might be found to be suffering from intense mental conflict, provided that she fitted in more or less with the Home, she was not accounted as needing assistance other than that which they were able to give her.

Case 8.

Age: 16. Education: In series of private schools; very interrupted and scanty. Number of children in family: one. (? illegitimate).

Clara, aged sixteen years, originally brought up by numerous guardians, has now only one, who is an elderly gentleman. Her relatives were all abroad, and she seems to have been placed in various private families at home for education. These homes were both good and bad, from the point of view of suitable surroundings; her education had been scanty. Her first

experience, before the age of eight, was with a woman who was a divorcee posing as a widow, and whom the girl describes as vile tempered and queer, but for whom she had a certain amount of affection. The girl has since been told that this woman kept her backward and apparently did some queer things in her endeavour to keep her permanently. She told the girl that a man would come and try to take her away, but she was not to go with him. Her guardian finally came and took her away to school. She missed her 'mammy' at first, but soon got over it.

She was now sent to a special school for children whose parents were abroad. She had a jolly time, and learnt nothing, but merely played games. At eleven years of age, being too old for the school, she was put in charge of a young army couple. She never liked lessons and generally managed to get off 'prep'. She always enjoyed outdoor life and much preferred boys to girls. Later when the man was ordered away, she was removed to one of her guardian's relatives. This lady was extremely kind, but fussy and tried to make a society lady out of this girl. It was all clothes and tea-parties. It was from this lady that, after brooding for a week, she ran away. She enjoyed the excitement of the first night out, but then seems to have drifted into a state of fugue. She remembers little; she was brought home after eleven days and then taken to a nursing home where she remained for three weeks.

The girl has always been interested in new things. This interest lasts for a few weeks and then gradually drifts into indifference, after which she finds it difficult to concentrate. She is tomboyish, loves adventure, and is rebellious. She was sent to a Home so as to be kept safe, after the episode of running away.

This is all I learned at the first interview. At the next two or three interviews it became evident that during this week of brooding she had the 'horrid idea' that her father had killed her mother. She was excited and had nightmare dreams every night. One constantly repeated dream was, that she was riding a horse, and every time came to a chasm. Her mother was on the other side, and every time she tried to jump across to her she failed. This led on to her telling me that she knew nothing about her parents; that she often wished to know, but did not dare to ask, or, if she did, was always told to wait till she was grown up. There is clearly some mystery about her parents. Her father, she thinks, in some way must have been 'no good' as he is never mentioned. She occasionally hears some slight remark about her mother but nothing very informing, except that her mother was clever, and she is expected by her guardian to be clever like her mother.

Her menstruation commenced at the age of thirteen and was regular up to the time she ran away, at the age of fifteen. She has had no periods since. She has never spoken about it to any one, but it worries her, so does this queer idea that her father killed her mother.

I have already referred to the obstacles encountered in making

psychological investigations. One finds that 'investigation' is regarded as 'treatment', and in this case the 'treatment' was broken off after the fourth period on the same grounds as in Case 7. From the point of view of the investigator these grounds are certainly 'unscientific', and sometimes appear trivial. It must be remembered of course that psychological medicine has not yet the same authority behind it as organic medicine, hence that 'administrative' reasons are given an excessive weight, indeed one that would not be tolerated in hospital practice. This girl was badly in need of assistance. She was a specially bright and reasonable girl, and on the whole was not taking life too seriously: she was much too casual for the Home in which she was. After the first interview she came hesitantly but eager with questions, and my way of meeting these gradually made it possible for her to talk much more freely than at first. She has always been afraid to ask questions in case she should annoy the person questioned. Later she added she was very shy, always had been shy. Her guardian had the habit of asking her questions and she could never give the answers. This made her feel a fool. She would often have to get up and leave the room. Before these visits were so unwisely cut short, the girl had expressed a feeling she had 'that I would be able to help her'. (Case 7 also expressed the same idea.)

Case 9.

Age: 23. Education: Elementary. Standard VII. Number of children in family: seven. Position of girl in family: middle.

Florence, aged twenty-three, small, undersized, sharp featured, rather affected, but a pathetic little person, came to me first when she had already decided that the only way to meet the difficulties of life was to shut herself off from all human contact exteriorly, and to entirely eliminate all conscious thinking processes. In other words, she suppressed all unpleasant thoughts. She felt that she had succeeded in doing this, but at the same time, she was still going to pieces. The girl obviously was suffering intensely, and this barrier which she had put up was being ineffective, as was indicated by her sleepless nights, her nightmares, dreams, her excessive irritability on being spoken to.

Her story as told by herself was as follows:

She had always, since a child (age of ten), been terribly troubled in her mind about her mother. Her father did not understand her mother. He was a strict, narrow-minded, religious man, and apart from performing the minimum of social duties towards her mother and children, he never showed any kind of affection for any of them. The girl was very bitter; and felt that he could have done better for them all if he had wished. They had no childish pleasures, no toys, but often knew what it was to go hungry, and would be badly and unsatisfactorily dressed. Throughout her childhood it distressed her

that she could not do anything to help her mother; she was not old enough to; she could not earn the money to do anything to make her mother happier. Finally, she left home as she could not adhere to the strict limitation of her liberty that her father imposed upon her. From this time onwards she drifted into the company of men of artistic taste and finally succumbed to a loose sexual life (she has not told me this, but I have, from other sources, the information that she was bound over by the police for loitering at the age of seventeen). After working for various periods in several interesting lines, she finally became a chorus girl; and, after a period of some eighteen months, became the mistress of one of her patrons. This appears to have been, from the side of the girl, a very genuine love affair. She repeatedly asked when he was going to marry her, and when finally she pressed for an answer he told her that he could not marry her, because he already had a wife in the asylum. She could not part with him, and they lived on as before for another year. Then he decided that he had to go to 'Canada', and could not take her with him, but promised to send for her. She was by this time pregnant; and she realised, although she did not admit it to herself, that he really had no intention of sending for her. She was broken-hearted, with no money, no work, and a baby coming. She got some needlework to do and lived in a state of semi-starvation until she finally was taken into hospital to be confined. She had a 'terrible time'; and was extremely ill, not caring whether she lived or died. The baby lived several weeks. Just as she was beginning to love the baby, and to feel that that was the only thing left in life to live for, the baby, one morning, was found dead in its cot. At about the same time, still being ill and in a good deal of pain, she was discovered to have venereal disease. This increased her misery a thousand-fold. 'She cannot bear to be alive, she will never be clean after that horrible experience.' She has a great belief that her father who died a short time ago deliberately came and took her baby. Sometimes it is God who took her baby; but whether God or her father, she cannot understand why they gave her her baby only to take it away immediately. Her father during his last illness, appears to have wished the girl would come home, but she seems hazy as to whether she was told of her father's illness or not. At the same time she blames herself very severely for having let her father die without becoming reconciled to him. She feels now that they all misunderstood him; but that she might have understood him more than she did, as he obviously loved her best of all, and she knows now that he had affection for them, but was unable to show it. She feels that he is still wanting her and that she ought to be able to make him know somehow that she loves him.

Her dreams are terrifying and she suffers from auditory and visual hallucinations at night time. She hardly gets to sleep before she wakes up with a start. She hears the tramp, tramp, tramp of feet coming towards her room, and and she sees vaguely several men in the room carrying with them a shroud. She

knows this is for her and springs out of bed, hardly able to keep back her screams of terror. Often she tears down stairs and only stops when she reaches a room where there is a light. She pretends that she has come to fetch something, or is not feeling well, and wants a drink.

This briefly was the girl's story when I first saw her. Her condition was serious. She was a physical wreck, was eating next to nothing, and was still suffering a great deal from abdominal pain. During the next few months she had to have several operations. For a period of two years since I first saw her, I have been seeing this girl, at first, for a long period several times a week and then at varying intervals. The circumstances have been such, that I think it remarkable that the girl has been able to carry on at all. That she has been able to do so, I put down to the fact that in her extreme moments she has always had me to fall back on. The girl needs prolonged physical and mental treatment, but neither is available for her in such a way that she can reap much benefit from them.

Her tremendous guilt sense with regard to her mother, which dates from early childhood, binds her to her mother still. She lives with her mother, although her presence there increases her own mental trouble acutely and at the same time gives no pleasure to the mother. She does not get on with her mother. She quarrels with her family and she lives in a state of depressed sullenness. She feels she will go mad if she does not get away. On the other hand she feels she must stay by her mother and help her all she can. And all the while she is fighting against her depressions and hopelessness.

What can be done in a case like this? Hospital for the treatment of her physical condition means losing her situation. Moreover, hospitals do not take in a case like this; and even if they did, would not keep her until she was physically fit to face the strain of fighting for her bread and butter once again. The most a hospital will do for her at the moment is to treat her as an out-patient two or three times a week. This means losing her job. Meanwhile, her mental condition is just as acute, or perhaps even more so than her physical condition. What is to be done? If a Home could be found to take her in, the difficulty would be to persuade her to go into such a home. And, indeed, an institution of the kind available would only increase rather than allay the mental distress. There is, unfortunately, a stigma attached to these homes; only 'naughty' girls go there. The girl is already suffering from an overwhelming sense of guilt. The stimulation of this in such a Home would add to it, and more than likely turn the scale as regards her mental balance in a disastrous direction. A deep analysis is probably the only thing which would set this girl on her feet again, but her present condition makes this impossible for her. Her physical health must be put right first, followed by a long period of light work, during which the mental condition could be looked into and treated.

Case 10.

Age: 26. Education: Elementary. Standard VI. Number of children in family: two. Position of girl in family: Elder.

This girl was in for felony and larceny. She had been in several times previously for assault and thefts. She gave her occupation as that of chorus girl. She claimed a Maltese mother and father of mixed extraction. At her first interview she stuttered badly, and while speaking, looked everywhere but in the direction of the listener, and seemed to be much on the defensive. Later, when she grew more accustomed to me, she elaborated her troubles. She complained that she continually gets suddenly angry; and that she was nervy and had always been so; but was much more so since her operations (for appendicitis two years ago, and for peritonitis one year ago). She broods constantly: always on tragedy. She puts all this down to temperament and to her Maltese blood. She seems very distressed about being put on the observation landing, and she feels she needs to take her mind off herself. She has been in hospital for a fortnight with 'chronic obstructions due to adhesions.' At the first interview she denied stealing, and at subsequent ones, forgetting she had previously denied it, she repeatedly referred to what she had done. She also volunteered the information that a man, old enough to be her father, had kept her for two years, but she quickly added that she 'swore before God' that nothing had taken place and that he had only acted as a friend. She spent a lot of time hinting that at intervals she had been on the streets, and immediately added very emphatically that she had never done anything immoral. Throughout all the interviews, she was continually expressing apprehension lest she should be looked upon as 'balmy'. She seemed to be labouring under an extremely strong sense of inferiority. As I did not wish to deepen her apprehension, I did not apply the mental tests. Nevertheless, I was of the opinion that a definite subnormality in intelligence was present, but also there were many evidences of psychoneurosis, and it would be difficult to say how much of this mental sluggishness and stupidity was due to innate defect, and how much was psychological. At intervals, while in prison, she was very excited, and bitterly complained at being on the observation landing. She said that the constant noise from other tenants and 'being looked at' drove her crazy with fright. One night when there was a 'full blown concert of shrieking and yelling' from the other inmates on that landing, she swallowed twelve buttons and a needle, hoping in this way to end her life, as she could not bear the state of maddening fear any longer (this was a perfectly true story, twelve buttons and part of a needle were recovered later after an enema). She is troubled about her bowels and feels ill. She has constant pain in the region of her wounds, which, from description, is judged to be due to adhesions. She feels the officers are against her. She is very much frightened at the night officer who 'creeps about and

looks through the bars at her' (this, of course, is true and part of the routine of the night officer). She knows it is silly of her, but she gets so worked up, that she does not know what she will do next. On a later occasion she had an hysterical smashing fit, and had to be put into a padded room. She has little conscious moral sense as regards stealing, but that it is there is indicated by her denial of stealing. She takes what she wants. She is only puzzled as to why she has got a longer sentence this time. She tells me that she has just concluded a contract for a job as chorus girl to begin in August and to last for eighteen months, and that she has written up to the Home Office asking them to let her out then. She appears to have sublime faith that they will do so 'as they must know that she has been good for so long'.

She claims to have reached Standard VI in school. At the age of six, she had St. Vitus dance. Her mother died when she was six months old. She has never got on with her step-mother; and finally, the father told her that either she or the step-mother would have to go, so she left home. She says 'My father pretends to like my step-mother—has to'.

Altogether she gives the impression of being an individual struggling against defects both congenital and acquired, and that the ineffectiveness of this struggling has resulted in a state of bewilderment and terror.

I think we have here a case, where, in the first place the soil is of poor material. The intelligence is subnormal. The nervous instability (vide St. Vitus dance) has always been present, and these two factors together with the psychoneurotic and psychotic manifestations in this individual, make the outlook with regard to treatment very poor. Conscious inferiority is shown in her fear of being called 'balmy'; and unconscious guilt in her alternate confession and denial of being on the streets and living with a man. She suffers from paranoid fears; she is being watched; something is going to happen; and her attempt to commit suicide is both a self-punishment and an escape.

Case 11.

Age: 18. Education: Central School; was sent in for a scholarship and just missed it. Number of children in family: twelve. Position of girl in family: third.

This girl comes from a home where the parents are very indulgent but respectable. The girl was seduced by her employer. She remains very attached to him, and tries to shield him from any blame, although he is a man much older than herself and is married and has a child of his own of whom he is very fond.

His wife attacked and beat the girl, and this she accepted quite placidly. The man still pursues the girl and wishes to make her a home in addition to his own legitimate one. At the same time, he talks coarsely and disparagingly of her to others. He is quite certain that she will do anything that he wishes done. The girl is devoted to her baby and refuses to have it

adopted. She has a secret pride in having a child by him 'so soon' when his wife had to wait many years.

The girl is considered an undesirable influence in the home and to have 'loose morals'.

There would seem little good material to work on here, and yet, after a few interviews the girl showed anxiety to overcome the weakness in her character. She said she felt she took after her father. Her father never could deny any one anything. He frequently suffered considerably through his willingness to give and to do whatever was asked of him. She felt her own weakness acutely. She thought it strange that she should have no inclination to retaliate, or to get out of the way of this man's wife. She felt almost as if something 'drew her' to this woman, as if she wanted to be beaten again. She feels the man, though he loves her in a way, treats her with no respect. She cannot understand why she should be drawn to go back to him; and yet she knows that unless she can understand herself, she will not be able to refuse to go back to him if he asks her. She is certain only of one thing, and that is, that she will not give her baby up. If it came to it, that she had to choose between the man and the baby, she certainly would remain with the baby.

Now this girl was aware of her own weaknesses. Her excessive suggestibility and docility leave her accessible to any kind of influence. Her strong fixation on a man so much older than herself and her masochistic attitude in relation to his and his wife's treatment of her, her pride that she gets a baby by him so much more easily than the wife, are indications of the psychological situation. Her insight and rather feeble, albeit, definite desire that she should be in a different position with regard to herself, make this case certainly worth a trial by psycho-analytic treatment.

Case 12.

Age: 20. Education: Elementary. Standard VII. Number of children in family: seven. Position of girl in family: third.

The girl is small, short, dark, and heavy in appearance. She was in prison for larceny. When first interviewed she was in a stuporose state. It was with great difficulty that she was able to talk at all, but after some hard work I managed to piece together her history briefly as follows:

She is very distressed and ashamed of having stolen, and anxious to do what she can to get 'right'. She did well at school, and got on with her mother at home. In fact, she thinks she is her mother's favourite. Her father was killed during the war. This distressed her very much. She has never really been fond of any one but him. She does not get on with the other members of the family. She feels this is all her own fault. She always wants her own way and she has a bad temper. It flares up very suddenly, and then immediately afterwards she is sorry.

At fourteen, she went into service and stayed two years, and then changed to another place for two years. After this she

spent a year at home helping her mother. During this time she 'walked out with a boy'. Her mother did not like him and would not allow him into the house. She resented this, as the mother allowed other members of the family to have their boys in. After a year, some episode took place between her and the boy which made her refuse to see him again at any time. She was very reticent as to the cause of this quarrel, but it became obvious that some sexual assault had been at the bottom of it. She says she is 'quite done' with him in that way. She thinks that from this time she began to change. She has not been able to stay at any one place more than a month since, and she began to get dreamy and moody. She has been getting steadily worse during the last three months. It worries her. She had thought of speaking of it to some one, but feared that they would think her 'funny'. She never used to bite her nails, but now, every now and again, she finds her nails bitten, and has no recollection of having done it. She only knows that sometimes they are well grown, and then quite suddenly she finds them short and bitten.

She went through a Salvation Army conversion according to programme at fourteen and a half years old. There was no religious fervour at the time. She joined the Salvation Army much as one would join a club. The one important matter to her was the promise not to drink or tell lies or steal, which was extracted in pen and ink before she was allowed to wear uniform. She feels the disgrace of having lost the uniform more than any estrangement from God. In fact, it was difficult to find any religious sentiment present.

The details of the larceny are these :

She was in a place where she was comfortable and had no complaints to make. She got restless, and for a fortnight felt she must run away. She packed a case with half a dozen unimportant pieces of underclothing belonging to her mistress and went away to a friend. She left all her own garments behind. She has not the vaguest idea why she did it, but realizes that this behaviour is not her usual, and wonders what is happening to her.

Throughout the interviews, one felt one was dealing with a person who was struggling hard to keep in contact with the external world, but that the forces were too great against success in this direction. At each interview, she seemed to me to be drifting further and further into a stuporose state. She could not tell me where her thoughts were at all. She felt as if she were smothered in a cloud. She certainly falls into the *dementia praecox* group, and obviously is in need of hospital treatment.

The point of interest here is that the girl was conscious that something was going wrong with her. She wished for help, but was afraid to ask for it as she would be called 'funny'. There is nothing strange in that attitude. Most people fear to consult a doctor about their mental troubles. But the cause of this attitude towards ourselves is a matter for consideration. The unconscious sense of guilt that lies at the root of all mental

conflict brings about the fear of 'going to see a doctor about it', and what is feared is the result of the discovery of the origin of that guilt.

Now, if this difficulty is to be met, it has to be dealt with as a reality—it is no good treating the persons exhibiting such a fear as being merely silly. Public opinion must be educated to take a different view from the one that is prevalent. Psychological disharmonies, varying in degree from merely erratic behaviour to fully developed insanity, are as inevitable as physical disabilities which, in their turn, vary in degree from cut fingers or an itch to such gross maladies as cancer or leprosy. The very fear and shame that this girl and others like her suffer from is a symptom of the malady.

Case 13.

Age: 19. Education: Convent. Number of children in family: two. Position of girl in family: elder.

This girl, aged nineteen, was in prison for stealing four one pound notes. She was a probation nurse in a mental hospital. She came of highly respectable parents who were tradespeople. There were two in the family, she and her sister who was some few years younger. The father had died of phthisis seven years ago. The maternal grandmother suffered from asthma. Her father and mother were very devoted to each other. The girl says of herself, that she was very fond of her father, and has never got over the blow of his death. She complains that her mother is very strict and 'early Victorian', that she is very good, but that she had never been able to get on with her. In the intelligence tests she did rather badly with the form test and the picture completion test, and showed herself definitely mentally subnormal. On the other hand, in general conversation she strikes one as being very intelligent, and as having a good grasp of the present situation; she is thinking and planning about the future. At the first interview, she showed some self-reproach and shame, and was also slightly suspicious and resentful. She seemed afraid that I had heard by letter from the mother. She was brought up at a convent because she was unmanageable at home.

The following is her own story:

She has had asthma since babyhood and had to leave the convent because of it. She went into service at fifteen, and did not stop, as she felt her mother ought to keep her at home as well as the baby sister. She went as probation nurse into a mental hospital when seventeen years old, and had to leave on account of asthma. She went into another hospital for sixteen months, and finally another for three months, where she had an antrum operation and pleurisy. Some months ago, she started work again in another hospital. On each successive occasion she claimed to have had no experience in hospital training, so as to get accepted. In this last hospital she 'picked up' the four one-pound notes. She heard from her cubicle a girl 'raging and

swearing' she would set the police on to find the thief. She had always hated the girl, and when she heard her talking like that, she thought she would keep the notes instead of taking them to the superintendent, as she had always done before. She is always picking up money, but she always takes it to the superintendent (*vide* mother's letter). This was the first time she had failed to do so, and that was because she hated the girl. She felt herself superior to the girl in her work; and, although at one time she was subordinate to her, later she had been her superior in position in the hospital. After stealing the notes, she did not sleep for a fortnight, and finally left the hospital. Then she wrote to say that she had stolen the money and had spent it; she had spent it all, early in the day following the theft, on presents for her friends.

Much later, she told me about a married friend of her father, who always came in to help her mother make up the weekly accounts. He was nice enough to her when alone, but always backed her mother when the latter was correcting her. She felt this was no business of his, and that he ought not to hang around her mother so much. She herself is very fond of this man; and admitted ultimately, that she would like to marry him if he were free, but that her mother stood in her way. This admission was made after many interviews during which she had accused her mother of immoral conduct, while repeatedly asserting that she herself was quite indifferent to the man. With regard to stealing, she says she has never stolen anything before. She has had many '*affaires de cœur*' but never a serious one. She has several times stayed in rooms at the expense of her men friends, but 'nothing took place that should not'. They were friends that had helped her in tight corners, that was all. She has never felt really fond of any one; except, perhaps, her father's friend. I will insert here in full length a letter I received from her mother:

'I thank you for your enquiry of the 18th, and am hopeful that my replies may be of some service in getting Lily that treatment which will eventually correct her abnormal behaviour.

From early childhood she has been a source of great trouble, being stubborn, wilful, unreliable, and very untruthful, even persisting in lies when complete evidence of guilt has been brought before her.

She has had asthmatic trouble since she was six months of age and one must certainly add that many of the later violent attacks were largely the result of her own carelessness, in addition to which she could simulate an attack to earn sympathy from those who did not know her.

Her father's death left her entirely unaffected. She has always shown great jealousy of her little sister, this at times bordering on frenzy and she has made violent attacks upon her and caused much suffering.

Under treatment some nine months ago for chest weakness, a doctor told me in her presence of the lung trouble and she

is quite aware what the probabilities of this weakness mean to her.

She has been a thief since she was ten years old, stealing monies and goods whenever possible, displaying too remarkable cunning in her actions and afterwards posing as innocent, even persisting in such innocence when completely bowled out.

Her great weakness is MEN and she has spent days in their company unbeknown to me until found out afterwards and then swearing and blaspheming when taxed with her conduct. She is entirely unmoral and I have no control whatever over her, she defying me beyond limits of endurance. I have thought for some time that detention in a mental home until cured is her only salvation, and still believe this to be the only solution. I have tried kindness and every known maternal action to gain her love and confidence, but she only rewards my endeavours by publicly attributing to me those terrible traits of character she unfortunately possesses herself.'

The mother's almost remarkable insight into the mental condition of this girl is difficult to explain in a person of her education, in whom one cannot presuppose any understanding of psychology that might be acquired through reading and lectures. One is inclined to think that such a clear insight into her daughter's character might be at least partly due to complexes of a similar nature in her own character.

At any rate it is very obvious that the girl is suffering from mental conflict in relation to both the mother and sister and also the father's friend. Her jealousy of her sister; and of her mother in relation to this male friend is obvious. At first she denied jealousy of her sister and mother, but later on admitted both. With regard to the male friend she said, 'I would like to marry him'.

As with all these cases of thieving, we find running right through the fibre of the personality a sense of deprivation, 'of being cheated'. It is not always so easy to discover this in a superficial raking over of the material offered by these subjects; but after a time it invariably comes out.

In this case the girl had some insight. She was on the defensive and a little negativistic to begin with, but this attitude passed and she began to take a real interest in her own problem.

Case 14.

Age: 19. Education: Elementary. Standard V. Mentally defective. Number of children in family: 5. Position of girl in family: youngest and illegitimate. Physical condition: lobes of ears adherent, both little fingers contracted to right angle from birth.

This girl had been sent to Borstal for house-breaking and stealing, and, later, was sent from Borstal to prison on account of her unmanageableness there.

She is a negroid. Her father is said to be a 'South African

Greek'. She used to play truant from school, and at the age of eleven and a half years she managed to evade school altogether. She does not realize she is illegitimate. Her mother and her pseudo-father are kind, respectable people. They are willing to take the girl back and to do what they can for her. Her mother used to go out to work, and she ran wild. She got in with a bad set of girls and began to steal. She felt that, while the others got away, she was always being caught because of her colour.

From the age of thirteen she has been in and out of reformatories all the time. As soon as she comes out she steals. Although this girl has had little opportunity or time, one would think, yet she claims to belong to a 'gang'. She says of them, they are fair and square and they share the proceeds. She picks up any pretty thing she comes across, especially jewellery. These things she gives away just as easily as she picks them up. If anybody admires anything she has got and asks for it, she gives it to them. She is full of bitter hatred and resentment over her fate. She is very loud in her denunciations of Borstal. 'You have to be bad to be taken notice of. You have to play up to the governor. It does not help us, it makes us worse. They despise her although they gain privileges by playing up. 'Why don't they keep us in order? Why don't they punish us properly and so teach us manners? I never swore until I went there. All the girls swear and use what language they like. Now I swear; not when I am outside, I get out of it then, but inside. The worst they do is to confine us to our rooms for two nights. That is no punishment. Why don't they degrade one. That would teach us to have manners.'

The above is no reflection on the governor's mode of discipline at Borstal, but it is a very interesting side light as to how some of the girls take sympathetic and loving treatment. One finds this attitude towards this kind of treatment mostly in the unruly and rebellious type of girl. The one thing they feel the need for and ask for is discipline. They know their weakness and they beg for support on that side. They feel they can only be made to drop the bad habit by receiving a sharp enough punishment to make the habit not worth while. Punishment in this way can be a moral support.

The girl, although a mental defective, was plainly suffering from mental conflict. She is feeling cheated, deprived of something; she feels she is not like others on account of her colour; she feels inferior. She steals to make good this deprivation, on the one hand, and to compensate for her inferiority feeling on the other. The unconscious sense of guilt drives her to seek punishment. She commits all sorts of rebellious and unruly acts and feels thwarted when these are not severely punished. This lack of punishment leaves her with her guilt sense unallayed.

I have chosen this present case for several reasons:

1. She is a mental defective with mental conflict.
2. She displays an attitude towards punishment which many others, whose chief characteristic is rebelliousness, but who are not mentally defective, display also.

3. And lastly, I have chosen her as a case which it would be interesting, from an experimental point of view, to analyse.

The result, if the analysis were successful, would, at least, answer two important questions:

1. Can a mental defective with mental conflict be analysed?

2. If the analysis has been successful, does the intelligence quotient remain unaltered?

This girl had been found mentally deficient on both the Terman tests and the Hamblin-Smith tests by two different investigators. By the Terman test she had a mental age of 8·7/12 years. If the answer to both these questions were to be in the affirmative in the case of a subject showing an intelligence of so low a mental age as this, then clearly the same questions would be answered for all those in the subnormal group, who were showing mental conflict.

I found with most girls of the rebellious type that, after a few interviews, they were beginning to get anxious to understand themselves, and with this attitude a dawning of hope appeared. In the case under discussion, apart from the testing, the girl gave one the impression of being very ignorant and uneducated, but by no means really stupid. It is, perhaps, worth noting that the teacher who had charge of the educational classes in this prison, had independently come to the same conclusion about the girl.

Case 15.

Age: 23. Education: Elementary. Grade IX. Number of children in family: five. Position of girl in family: eldest. Physical condition: irregular teeth, narrow high palate, slight exophthalmos. Intelligence: normal.

This girl became pregnant as the result of a love affair with a young man, who threw her over as soon as he knew her condition. The girl is overwhelmed with the responsibility and the disgrace, and feels a natural resentment against her seducer.

Her mother is neurotic and spends her time weeping and lamenting her daughter's 'shame', and will not even see the baby. She threatens suicide if the disgrace becomes known. The father died a short time ago, and the girl attributes his death to the shock of hearing of her pregnancy. This explanation is also impressed upon her by her mother. Because of the grief and shame that she has caused her mother, her mother demands that she shall return home and support her with her wages. The girl falls in with this and feels it her responsibility. There seems to be no actual financial need for this. Therefore, it may be concluded that the mother feels deprived of something which the girl has to make good. The girl accepts the giving up of her wages to make good this deprivation. There does not appear to be any logic in the demands made upon the unfortunate girl, but since the girl agrees with the mother, we must look into the unconscious to discover the meaning of her attitude.

It is a frequent occurrence for mothers of girls who have

'gone wrong' to demand servile obedience and the surrender of their wages, as a consequence of their 'sin'. In one case, the mother not only demanded the wages of the girl, but when the girl demurred, threatened to go to the Governor of the prison and to insist on her being placed in prison again. The girl on her side, although she felt rebellious, was plainly under the same impression as her mother with regard to her deed and the obligation arising out of it; and also believed that it was in the power of the mother to make the Governor take her back to prison.

Case 16.

Age: 16. Education: Elementary. Standard VII. Number of children in family: seven. Position of girl in family: second.

This girl was just over sixteen when I met her, and she had already been in prison before for the same offence, viz. that of being drunk and disorderly. Her home conditions seemed to be all that one could ask for. The father and mother had always been particularly kind, in fact, they had rather spoilt this girl on account of the fact that when she was a child of three after an attack of pneumonia and measles, she was left with a blind left eye, and a bad strabismus of the right. When I saw the girl, she gave me the impression of being mentally defective. However, this was by no means the case. She is badly cross-eyed, and has a perpetual leer on her face. She is also a mouth breather, and her hair is untidy and long, though bobbed. Her menstruation started three months ago, and has been very irregular, and there has been much dysmenorrhoea and metro-rhagia. She talked very freely and rather excitedly. She told me that of their rather large family of seven, she was the only one who had turned out badly. She left school at thirteen, having reached Standard VII, and tried several different jobs within the first two months. Then she stayed at home helping her mother with the daily scrubbing. She did much as she liked, and wandered about the streets at night, coming in at 10 o'clock.

Her father, after the first time she got into trouble with the police, bought a wireless set for her in the hope of keeping her in of an evening. He also from that time onwards has been searching for rooms in another part of London.

Since being in prison the girl claims to have had no sleep and that her bowels have not been open, and says that when she was in before (one month) she neither slept nor had her bowels open the whole time! She is afraid to sleep and she is afraid to go to the lavatory. There are no keys on the doors and she could not defaecate with the chance of any one coming in. She is a nuisance in prison, going in for regular smashes. Her last act of insubordination was in class. She had been working up for it. She refused to have a bath on account of her fear of exposure; and to secure this freedom, she had evolved the idea that obstinate refusal and insubordination would get her into hospital. As I am not conversant with the inside workings of the hospital, I do

not know whether she would derive any advantage from this procedure. The point is that this complex with regard to her excretory functions and to exposure seems in this case to have been the reason for the outbreak.

She is uncomfortably aware of her ugly looks. She was told once that she should have an operation to put her eyes straight, but her mother will not hear of it. She herself, would like it done. She is keen on book-keeping, but cannot get a job. She says 'When they see my face, they turn me down'. Her proclivity for wandering in the streets, which leads her into trouble with the police, follows a more or less definite sequence. She wanders out on the street, and is asked to take a drink by some man, who, from her looks, judges her to be rather weak-minded, and therefore easily accessible for 'immoral' purposes. This is followed by an invitation to the girl to go with him for a few minutes. She realizes for what purpose the invitation is made, and walks away with him. Then by the simple ruse of saying 'Oh! there is my father coming', she gets away from the man, who makes a rapid retreat. This procedure failed on one occasion when she was too 'muzzy' to know what she was doing.

One cannot help feeling here that a girl, who puts herself into a situation only to escape from it, is doing it for a definite purpose; and it would seem likely, from the information one has of her, that the motive is to compensate her inferiority feeling. She satisfies herself by the repetition of this situation, that she is attractive to those of the opposite sex.

Obviously this girl suffers from mental conflict. That straightening her eyes, tidying her up generally, and getting her a situation in which she could do book-keeping would entirely set her at harmony with the world is unlikely, but it would at least serve to decrease the constant stimulation of her inferiority feeling. As she is at present, she shows signs of becoming a *dementia praecox*. Her behaviour is getting daily more childish, and her delusions about her sleep and excreta become stronger.

Case 17.

Amy was a woman of twenty-eight years of age. She had many convictions for the same offence, viz. that of larceny. She was the youngest of eight, and had a father, who drank and had violent fits of temper. Her grandfather on the paternal side was committed to an asylum. What the form of insanity from which he suffered was, the girl was unable to tell me. The father used to knock her mother about; and her mother is always 'understanding' towards her delinquencies, as she puts her behaviour down to these attacks on the part of the father while she (the mother) was 'carrying' her. She had fits as a child, which disappeared at the age of fifteen, and have only appeared again two years ago after an operation for perforated gastric ulcer (she has scars on her forehead and a broken wrist, which she attributes to these fits). She was blind for six days after the operation. As a child she remembers the violent attacks

her father made upon her mother. She used to scream with fright and sometimes ran in between them. On one occasion, when she was holding the door against the father, he forced it open and drove the door knob into her neck (she shows a scar in this position). The father appears to have been very unstable. He drank, but during periods when he was not drinking, his behaviour was wild and uncontrolled. On one occasion, when the housekeeper asked him to clean his boots on the mat before going upstairs (he was a bailiff on a farm), he took her up and put her on the fire. Amy says of herself that she was 'hysterical' as a child, very nervous, and very talkative. She was not allowed to do home lessons as they were always afraid of fits. At the age of twenty-two she married a titled man of foreign extraction. (This is fact, not fancy.) She never had any affection for him. He was fifty-two and acted like a father to her. She thinks his money may have attracted her. She had motors, jewellery, and she travelled about with him until he was killed in a riot (also found to be a fact). She then went home to her mother for six months, after which she lived with a man, and finally married another with whom she seemed to be genuinely in love. She has fits about once in three months, usually at a menstrual period. Always, at these times, whether she has a fit or not, she feels depressed, extremely restless and disturbed until she feels she must do something or go mad. She then smashes anything within her reach. She has smashed her own furniture and crockery on several occasions. If some one happens to be near her, she will attempt to 'smash' him or her too. Or sometimes she feels depressed and vague or dazed, and then she does not know what she is doing. This seems to have happened when she has stolen garments. She never wears them; they are usually entirely unsuitable for her to wear. She may go to a shop with a list and come back with an empty basket. When she goes to take apparel she must do it. It would make no difference if a policeman were standing by. Her reaction afterwards is immediate relief from the feeling of 'going mad' and following on that, misery and depression over what she has done. Once, when she had cut her husband on the head with a decanter, she used his razor in an attempt to commit suicide (she shows a scar on the arm which certainly could have been made with a razor). On another occasion, she tried to commit suicide by drinking spirits of salts. Her mother-in-law is a great trial to her. She is always trying to get her husband away from her. She has tried to do this with all the sons' wives. She drove her own husband away from her altogether many years ago by her continual interference with his every movement.

Amy's husband beat her once when she was six and a half months pregnant; and the baby was born dead. She feels ashamed of her behaviour, and doubly so, since she married her present husband to whom she is very attached. For his sake she means to change her life, and for the first time is taking an interest in religion. She started this after her arrest, when she suddenly felt her mother's presence. She got a prayer book

and found her mother's hymn and then prayed. She thinks she will never stop now. At the same time, she hates her mother-in-law and would like to kill her, and would certainly kill any one who dared to live with her husband. This was said in connexion with the possibility of her husband divorcing her, which she thinks he can do.

Here we have a very complicated state of affairs. The patient starts off with a heredity which has endowed her with a lack of nervous stability. She suffers from fits up to the age of fifteen, about the time she commenced menstruation. We know that throughout her childhood she suffered all the strain a nervous child could be subjected to, that she was highly excitable and 'hysterical'; and I am inclined to look upon the fits as hysterical faints rather than true epilepsy. There was no history of aura; she would merely drop suddenly, and although she had no evidence of injury to the tongue, she had many scars from these falls. They commenced again when she had become very anaemic as a consequence of the haemorrhage due to the perforation of the gastric ulcer. As she grew less anaemic, the fits became less and are now very infrequent. When they occur, it is usually at the menses.

The states she gets into at these times can be explained if we look upon them as psychoneurotic manifestations. She is compelled to go through a certain sequence of emotions on each occasion. First comes a state of depression, followed rapidly by an ever increasing anxiety state, and a final relief through the bursting through into action of the repressed desire to 'smash', that is, to destroy. The relief is complete, but later it is followed by misery and despair as she realizes once more the injury she has done and her inability to do anything to prevent its recurrence. In variation of this cycle of events there is another mode of attack. In this also she has a preliminary depression which is accompanied by a state of confusion, followed by a feeling of tension which lasts until she 'snatches' some clothes. Even then the clothes, as such, have no value, and are quite unsuitable for her personal use; but she gets a feeling that she will go mad if she does not take them. Relief follows as before. Here again there is a definite cycle of events: depression, anxiety culminating in action, relief and the subsequent normal reaction of any self-respecting individual who has committed an unpleasant act. This happens regularly at a time when, in a woman, sexual desire is normally at its height.

It is obvious that here we have another individual who needs treatment, with at least a hope of cure, rather than prison and its inevitable repetition.

Case 18.

Bessie is a woman of twenty-nine years, and has had many convictions against her for drunkenness and disorderliness. She is a Scotchwoman, the youngest of three, and had for a father one of the dour and puritanical type of her countrymen. He brought up the family strictly, was 'self-righteous', and

suspicious of all that went on around him. This might have been accentuated by the fact that he was somewhat deaf. The children were made to go to Church three times every Sunday, and were 'raved at' if they dared to look at a paper on the Sabbath, although the father indulged himself in this pastime. The mother committed suicide when Bessie was a baby. Speaking of herself Bessie says that she was rather nervous as a child; she used to get hysterical and at other times depressed. She has never known her father to laugh; his lack of response to the humorous used frequently to start her off in one of these laughing and crying fits. She reached the highest class in her school. She had no difficulty in learning. She left school at fifteen years of age; and about this time her father married again. The step-mother was his housekeeper, a hard, unrefined, coarse woman whom Bessie never liked. The step-mother used to worry her for her untidiness. They were never allowed friends. There was a step-brother, whom Bessie used to look after, and of whom she was very fond. When nineteen years old she and her sister once dared to go for a walk with two boy acquaintances instead of going to church. They paired off, and she and her boy friend wandered on regardless of time, till, to her horror she discovered it was past 10 p.m. She was too terrified to go home, so they sat out all night. She says she had no idea of 'anything' then; and that they were both as innocent as new-born babes. Nothing so much as a kiss passed between them. The father was so angry he refused her the house again, telling her she had made her own bed and she must lie on it. She fortunately was taken in by a friend of her sister; and was ultimately taken on as a nursemaid to the children. This brought her to London. She frequently suffered from fits of depression, which were accentuated or brought on by the slightest criticism. She cannot bear to feel she is not giving satisfaction. Later she became maid to a lady, who was repeatedly taken ill. She learnt through a friend that her lady's illnesses were the result of drink. The friend enlarged on the uses of drink and persuaded her to try it when depressed. The immediate relief from depression was too much for her, and she has been entirely unable to control her desire for drink when depressed ever since. She is terribly distressed and sees a hopeless future before her unless something is done for her. She was in a nursing-home for a time, but she could not stand the depression and ran away. She is convinced, however that only a 'doctor' can help her. She is quite powerless to help herself and pleads that something should be done. She feels that she should be curable, because she 'strives so hard to help herself'. From other sources I found she was a good and capable worker: that she had 'a lot of good in her'; but that there is 'such a hardness in her that one keeps coming up against'. There is little more of value to report in the history of this woman; nor is there need to demonstrate any further that we are dealing with a sick person rather than a wilful criminal.

The salient points in this case are the suicide of the mother,

the neurotic disposition of the father, indicating the hereditary taint; the hysterical states and depressions of the woman when a child and her neurotic reactions to any criticism by states of depression. Her plea that only a doctor can help her, and thus claiming herself as a sick person, shews insight into her condition, and I think that psycho-analysis might well be tried in this case.

Case 19.

Age: 20. Education: Convent School. Number of children in family: one. Position of girl in family: only one.

When I saw this girl she was recovering from revolver shot wounds. She was in a hypomanic state, but was able to give me a coherent history of herself, which is as follows:

She has always been a troublesome girl as far back as she can remember. She was sent to school at a convent, from which she ran away at the age of fourteen, and refused to go back. She then took up various employments, e.g. typing, mechanics, dressmaking, &c., only to throw them over almost immediately. The longest time she stayed in any one place was for eighteen months as mannequin in a shop. She got in with a lot of young men, while she was there, with whom she was very friendly. She does not know what it is to feel affectionate or to have any love for any one. 'That was knocked out of me between the ages of one and nine'. Although she has a mild fondness for her parents, she knows she would not grieve if they died. She looks down upon her mother and says of her that she is good, virtuous, religious, kind, generous, and a very nervous little person. She speaks of her father as happy-go-lucky and irresponsible like herself. She makes platonic friendships with men and has no use for women. She has been in for numerous escapades and glories in them. They seem to be mainly of a shady nature, but strictly 'non-sexual'.

On the present occasion she went over to the Continent to see some one on business. She left her hotel over here, where she had a suite of rooms, without paying for them. She also took several gowns from a person exhibiting them at the hotel. Her attitude to that is, 'If people are foolish enough to trust, they deserve all they get'.

When she reached her destination abroad, the man she was to do business with failed her. She found herself in a hotel, without means to pay or to get away, so, apparently, without waiting to think things over, she said to herself, 'I have had a good time and here is the end'. She went up to her room, cleaned up her 'gun', and got into bed. She thought it rather a cheerless way of 'doing it', so rang the bell and ordered a cocktail. After this she felt more cheerful, thought she was being a coward, so put the pistol away in the drawer. She woke up three weeks later to find her head bandaged. She has no recollection how it came about. From the position of the wounds, I should judge they were self-inflicted. She poses as having an 'Omar Khayam'

attitude towards the world, but, nevertheless, she gave me the impression that she is up against something. That 'something' has probably to do with what she refers to as happening between the ages of one and nine; the details about which she was entirely reticent, although she frequently mentioned it. At subsequent interviews she was in the same hypomanic state. She was a great person, and was wonderful in what she had accomplished and could accomplish. She had a peculiar way of ending everything she was saying with a 'ha! ha!'

I am not inclined to look upon her condition as simple mania or *dementia praecox*, although her behaviour resembles somewhat that of *dementia praecox*. She gives me the impression that all her excitement and posing is a very strong effort to shut out a state of mind which is quite the opposite of what she makes it out to be. The expression of this underlying emotion would do much to relieve her present condition.

Case 20.

Age: 18½. Education: Elementary. Number of children in family: three. Position of girl in family: youngest.

Peggy had been sent from Borstal to Holloway Prison, as she was unmanageable. Her offence was that of stealing. Her mother died when she was eight. From then onwards up to the age of thirteen she was first with one relation and then with another. She was knocked about a good deal. No one ever wanted her. Her father was away at the front. When he returned he married again and brought his three children home. The step-mother treated them badly, being jealous of them with their father. She could scarcely bear that they should speak to him. The step-mother sent her to service at the age of fourteen 'far away', and told her never to come back again. She first got into trouble by exchanging some garments with another girl for a pair of shoes. The shoes had been stolen, and the girl from whom she obtained them said in defence that Peggy had stolen them. She was sent to a Home for a month. When she came out, the girl came to her and apologized for her wrong action in accusing her. Peggy was so angry that she had been unjustly treated by detention in a Home that she made up her mind to do something that really deserved punishment. She deliberately stole a hat and a coat, and in consequence was given three years at Borstal. She frequently tried to run away, and was so troublesome one way and another that finally she was sent to Holloway.

When I saw her, the girl was in a terrible state of rebellion and despair. She complained that her memory was going, that she felt like a rat in a trap, that if she could only get out of the present predicament she was sure she would go straight. She had never intended to get herself into such trouble. Three years in Borstal and now Holloway seemed to her outrageous treatment for her foolish act. If only they would give her a chance. She

only stole as an act of revenge. She would not be such a fool again. It was not as if she could not keep her fingers off things.

She was depressed and looked very ill and emaciated, and had an unhealthy colour. She was very sensitive to her surroundings, and felt that she was hated by those around her. 'I don't smash up and cause trouble like the other girls do. They are jealous of me because the officers trust me and because I don't play up. But,' she added, 'it does not pay to be good.'

This was a case where the girl was in need, not only of psychological treatment, but of leniency. I think that if she had been told quite definitely the date on which she would be allowed out, it would have allayed the acuteness of the situation. The mental stress caused by the feeling of being trapped, and the tremendous need for revenge, was making it quite impossible, without some such promise of release, for her to conduct herself satisfactorily. In her excessive need for revenge, in fact, in the original foolish impulsive act of revenge, she was driven by her unconscious. The tendency to react to a sense of injury or injustice by asocial behaviour cannot be dealt with without psychological treatment; and punishment in such a case must inevitably increase the rebellious behaviour rather than modify it.

SECTION VI

SUMMARY AND PROPOSALS FOR A CONSTRUCTIVE POLICY

A. SUMMARY.

In reviewing the foregoing material certain points stand out as being of special interest. But before elaborating these, it is necessary to make a few preliminary remarks. As has already been noted, the number of cases is small (200), and therefore one cannot draw final conclusions from them, but several facts stand out very clearly:

(1) That mental imbalance is evident in a large proportion of the cases.

There are 111 cases (56 Prison; 55 Preventive Cases) out of 200, for whom psychological treatment in one form or other is necessary. This figure excludes mental defectives and constitutional inferiors. Their segregation or supervision is also necessary. Those for whom treatment or supervision is not required are very few indeed. The prison cases I have classified from the point of view of recidivism, as follows:

TABLE XXII

1. 7 per cent. unlikely to become recidivists.
2. 43 per cent. if psychologically treated may not become recidivists.
3. 13 per cent. will become recidivists unless treated in hospitals or asylums, permanent or otherwise.
4. 37 per cent. will inevitably become recidivists unless carefully and permanently supervised or segregated.

It is not so easy to classify the preventive and rescue subjects. One cannot foresee to what end their asocial behaviour or maladjustments will ultimately lead.

In the case of pilferers of the pronounced type and of those of irregular sexual habits, prison is probably their ultimate destination.

There were 55 per cent. psychological cases needing treatment.

The mental defectives would, naturally, need segregating.

Of the rest, the subnormals, little can be said. Their surroundings will largely determine for them their future. I have recommended elsewhere, however, that some of these cases should be selected for psycho-analytical treatment for the purpose of investigation by experiment.

(2) That sentiment development is lacking in a great number.

Throughout these cases a very remarkable lack of sentiment development is present. Whether this deficiency be constitutional in the same sense as defective intelligence may be; or whether it is absent because of lack of education in this direction; or whether it be caused by psychological maladjustment; or again, is only relative by reason of a far greater variation of this quality between social classes than has been allowed for, can only be proved by experiment.

If tests could be devised comparable with the tests for mental intelligence, by which capacity for sentiment development, or again, sentiment development itself could be standardized, we might arrive at conclusions parallel with those of the tests for mental intelligence. That is to say, we should be able to measure sentiment development, but nothing more.

In order to arrive at the real assessment of the capacity for sentiment development, or the standard of sentiment development, we should have to note the following results of treatment and investigation:

1. Sentiment development before and after intensive social education.

2. Sentiment development before and after psycho-analytical treatment.

3. The average sentiment development amongst people of the same class from which these subjects have been drawn.

It is evident from the percentage and figures quoted for intermediate development of sentiment and for normal development of sentiment that mental conflict begins with the development of sentiment.

The fact that there is mental conflict when only rudimentary sentiment development is present may be an infallible indication that a capacity for sentiment development is latent in that subject, and that there are already indications of it in this development of conflict, however feeble. After all, unresolved mental conflict means a disharmony between the ego-ideal and the unconscious. That is, there is an ego-ideal.

In the psychopathic cases (or constitutional inferiors, whichever they may be called) it is assumed that the defects of such subjects are innate. Although for the sake of classification some

subjects are classified in this way, without an exhaustive study of each individual case from the various aspects given above, one cannot make a final diagnosis. Education directed towards sentiment development begins, or should begin, very early in a child's life. But does the child get this education in the case of families all living together in the same room, where unwanted babies come into the world one after the other? The development of sentiment begins in the cradle when the child is first able to differentiate between itself and the outer world. Gradually by the process of identification and incorporation of this external world, it is able to assimilate as its own ideals, those, first of the family, and then of society in general; and by so doing it increases its personality. It is doubtful, but nevertheless worth a trial to see if what has been lacking in the early training of our prison and Rescue Home subjects can be acquired later through segregation into groups under a system of self-government.

Dr. Aichorn's¹ non-interference policy seemed a wise one in his treatment of asocial boys entrusted to his care. He allowed the boys to find out experimentally for themselves that having their own way with no thought for others did not make life any happier for them. They learned that, however desirable pleasure may be in life, it could not be attained by their methods. 'We are tired,' they said, 'of this hooliganism. It does not satisfy us. Let us be ordinary like other folk. We like it better really than being dirty and destructive. Perhaps these people who stand by, but never interfere, will help us to put things right for ourselves. We are not happy as we are. We need not fear their help, because if we do not like their suggestions they will not force them upon us.' And so the individual is left free to assimilate what he can digest.

(3) The large percentage of homes where normal family love relationships are absent.

The importance of the presence of a love influence in the life of the young child is without question, but the precise effect of its absence on each individual child must be different in every case. The presence of love in its surroundings helps the child to relinquish its infantile and egoistic ways and changes self-centredness into object relationships. The child must learn to love the outer world before he can adapt himself to the requirements of the outer world.

Children brought up by guardians, illegitimate children farmed out, as well as children brought up in their own homes where they are unwanted, experience little, if any, of what we understand as the normal love of the parents for the child.

In all these unfortunate positions the child has to give way from the very outset to the needs of those around it, instead of the external world paying it 'its homage and due'.

This initial and most important stage in the child's development, if mismanaged, inevitably takes its toll.

(4) The influence of heredity.

The influence of heredity in the case of mentally diseased

¹ Appendix 6, Report on Prisons and Homes on the Continent in 1927, p. 103.

parents will not be disputed. The figures here are so small as to be almost negligible, but the study of the heredity factor in mental disease is not by any means entirely new ground. Analytical evidence tends to prove that a constitutional psychological weakness or instability can be passed on from parent to child, but there is no evidence that the same type of pathological psychology will necessarily result.

(5) The need for reconsidering our present systems for dealing with delinquents and maladapted individuals. This subject is dealt with under the heading of Suggestions for Treatment (*v. p. 92*).

B. PROPOSALS FOR CONSTRUCTIVE POLICY.

In dealing with this section it is necessary to consider the whole question from a wide and comprehensive point of view. It is important to set out clearly, what the aim is in making a constructive policy; for example, from what standpoint ought this question of constructive policy to be attacked. We can deal with the whole question from the point of view of amassing scientific data, or we can deal with it as a section belonging to preventive medicine, or, again, we can treat the subject from the aspect of social reform. But it is my intention to bring in all three aspects in dealing with the matter, seeking a policy which, in giving full weight to all these various needs, shall combine them in such a way as to produce the best result. From the social aspect and from the point of view of scientific accomplishment, a preventive attitude of mind is required. Up to the present, it seems to me that too much stress has been laid upon the diagnosis of mental defectiveness, with a view to transferring this type of individual from prison to some other institution. While it is necessary to recognize that degree of mental defect which by transmission to offspring is ultimately a menace to society and must indeed be held under strict supervision, yet, to my mind, it is of equal importance, perhaps even greater importance, to concentrate attention on those persons who are potentially useful citizens. It is of as great importance from the social standpoint that, let us say, a valuable citizen, with an unfortunate weakness for brawling under the influence of a moderate amount of alcohol, should be set right as that an ament or mental defective should be transferred from prison to an institution, or be supervised outside an institution. In other words, the fields of both social and scientific interest coincide in the study of these people just as much as in the mentally defective group. Another point I am going to stress from the preventive aspect is that the earlier young delinquents are studied the better ultimately for the public purse. The so-called criminal is *not* a person who suddenly crystallizes out as a criminal. His asocial behaviour is traceable back to his childhood days. What is needed is education of the public to realize that sudden changes in a child's character are as much an indication of something wrong as a feverish attack. Most

parents get alarmed and send for the doctor when their child has a temperature, a shivering fit, or if its bowels do not work ; but few parents as yet realize the dire consequences of neglecting such troubles as a child's sudden passion for stealing odds and ends, or an outbreak of screaming fits, or an outbreak of destructive behaviour. Parents are apt to treat this as childish naughtiness which the child will grow out of. They hope on and on that a change will come in the child's character. And they become alarmed only when complaints begin to come in from the police, and then seem utterly at sea what to do about it, and perhaps try their blundering best in endeavouring to ' thrash the devil out of it '.

In summing up, the points here demonstrated are :

1. Education of the parent to realize the indications or symptoms of a mentally sick child.

2. The concentration of investigation of the potentially most valuable human beings. (The potentially *least* valuable are already far more studied and catered for than these others.) Looking at the mass of material (200 cases) from the economic point of view, one is struck by the appalling wastage that is here found.

This wastage I should classify under three headings. The first will appeal to all whom it touches ; the second to the scientific world ; and the third, let us hope, to most of intelligent mankind. They are as follows :

1. The waste of public money.
2. The waste of scientific material.
3. The waste of human material.

Prisons and Institutions cost the public dearly. Statistics show that the cost per head per imprisonment, regardless of period, that is to say, whether the period is seven days or seven months, averages out at just under £60 per head. An enormous personnel is maintained to bring and keep these unfortunate humans under lock and key (Police, Courts, Black Maria, &c.). Obviously this enormous expenditure would be reduced in proportion to the number of individuals that could be saved.

The wastage of scientific material is obvious. I have shown this in the few cases I have written out *in extenso*. We shall learn much about human nature, and therefore about ourselves, by psychological analysis of delinquents.

Clearly, for every human that we can put back, or rather do not take away from work and shut up in institutions, at least, in so far as he or she is a wage earner, to that extent the public is benefited and in pocket. The human waste caused by neglecting to use all our scientific resources cannot be estimated. Only careful scientific research and treatment will give us an answer as to how many of these unfortunate individuals are potentially useful citizens.

C. SUGGESTIONS FOR TREATMENT.

Arising out of consideration of the foregoing material, four methods of dealing with the offenders suggest themselves:

1. Segregation: (a) Permanent; (b) Temporary.
2. Permanent supervision without loss of freedom.
3. Education.
4. Psychotherapy.

Those coming under headings 1 and 2 would, *ipso facto*, be incurable from the point of view of making of them normal social units, but the treatment would render them innocuous to their fellows, or, as nearly so in the case of those in Class 2 as to render them tolerable.

Those coming under headings 3 and 4 are questionably remediable, but, until tested by these methods, should not be relegated to Classes 1 and 2.

Class 1. In this case would be found:

- (a) Mental deficient and subnormals of the truculent type.
- (b) Those suffering from the psychoses.
- (c) Failures from Classes 3 and 4.

(a) *Mental defectives* are of two types:

- (i) The truculent, turbulent, vicious and uninhibited type.
- (ii) The quiet, gentle, willing to please and drifting type.

The first of these will never become amenable to society's demands. They will be perpetually antisocial whatever the form of outside supervision that might be devised. Their acts are instinctive and aggressive, and are not, as a rule, confined to one form of law breaking. Violence, pilfering, immorality, and drunkenness are the usual misdemeanours, and it would be impossible without permanent segregation to prevent them being a scourge to society. Each case should be judged from its individual history. In all mental deficient and gross subnormals, the type of crime and frequency of criminal acts must be considered; and there will always be a certain proportion of these cases passing over from one form of treatment to another whenever necessary, e.g. some tried under permanent supervision might in time be found to be better placed in the class for those permanently segregated.

(b) *Those suffering from the psychoses.* That those suffering from the psychoses of a certain intensity need either permanent or temporary segregation is obvious, but, undoubtedly, there are many who are dangerous to others, but who, as conditions stand at present, are not certifiable. What we need is legal recognition of these cases. Incipient *dementia praecox*, cyclothymic cases and those with paranoid reactions are mentally sick persons and need hospital treatment both for their own sakes and for the protection of others. If there were legal recognition of these conditions many murders might be prevented.¹ The burglar of the violent type so frequently ends up in murder. Yet we treat him as a mentally stable individual, who will react in a normal way to correction by refraining from committing the same act

¹ Cf. the well-known cases of Brown and Kennedy; and Majoram.

again. We let him in and out of prison, to prey upon the public until he kills some one, and then we hang him! Legal recognition of these conditions would mean that every recidivist, without exception, would, as a routine, be handed over for a full medical examination, physical and mental. That we are capable of such folly as illustrated above, calls for an investigation into the motives at work in our own unconscious, for, certainly, our behaviour is not rational. What we need to ask ourselves is why, if punishment is not successful as a deterrent, do we repeat it? Why is punishment, *per se*, of such importance to us? The wish to punish can come from several sources:

1. There may be an unconscious wish to revenge.
2. It can act as a means of defence: 'If others can do these things with impunity then why not I?' The defence is against our own weakness.
3. It offers an outlet in a direct manner for our instinctive sadism, that is, to mould by force.

(c) *Failures from Classes 3 and 4.* These would naturally pass over to the permanently segregated or supervised.

Class 2. This class also will be composed mainly of:

(a) The mentally defective and subnormals who are almost mentally deficient.

(b) Failures from Classes 3 and 4.

(a) This type of mental deficient is the opposite of the truculent type mentioned above. Their chief danger lies in their submissive disposition. They are quiet, gentle, willing to please, and respond to every suggestion of conduct that is desired of them. Here a permanent supervision outside, which protects the individual from harmful external stimuli, will be sufficient. In other words, the environment, if carefully chosen and available, will render the subject innocuous to society. Moreover, since the submissive type are peculiarly subject to prostitution, or more simply, to acts of indecency resulting in numerous pregnancies, the question of sterilization arises. The decision here lies between permanent segregation on the one hand, and sterilization with freedom on the other hand. The other factor, which holds good in all these propositions for consideration, is that of expense to the State. This economic factor, although of great importance, is outside the theme of this report, and, therefore, will not be elaborated here.

Class 3. Education. In this class should be placed, as an experiment, nearly all in the adapted group where intelligence is normal, and the character not vicious: where sentiment formation has been slight, and where stimulation towards sentiment development has been lacking in the upbringing. For them there should be devised a special system of individual training and education. Whether they should be trained in groups under a system of self government or singly in charge of specially trained women is at present undecided. Both methods should be tried. The individuals chosen for the work should be selected on scientific rather than on sentimental grounds. A large proportion of these offenders and maladjusted

persons would then have a reasonable chance of being reclaimed permanently as useful citizens. By education is meant education in social life, as apart from education in branches of work or in the study of 'lessons'. These young people are unable to find pleasure in the usual channels. They lack aim and object in their lives. They drift from pillar to post. There is no centralization of their energies towards accomplishment in any one direction. They are highly distractible, largely because of this lack of centralized interest. Since directly or indirectly all accomplishments in life are brought about ultimately through the interaction of loving and being loved, the inhibition of this capacity, either in its active or passive form, is bound to react detrimentally both on the individual and on society as a whole. One of the qualifications, therefore, of those who have the educational side of these young people in their hands, must lie in the degree of the freedom within them of the capacity to love. It might sound an easy enough matter to acquire such individuals as guardians for these girls, but self-investigation leads to the discovery of how little freedom in this respect the majority of us have.

In the case of impulsive characters, the sympathy and understanding of such guardians would be undoubtedly helpful to these young people until they became stabilized; that is to say, until the acme in the stage of adolescent increase of sexual energy had been passed, and the young person had had time to adjust herself to the use of her increased energies. At puberty such a girl is conscious of increased tension and unrest, which she cannot explain. Suddenly without any reason she becomes 'fed up' and must do something immediately. The tension urgently demands relief, and action alone can provide it. Naturally, whatever opportunity presents itself at the moment will be seized and acted upon without reflection.

Now if at this stage of excess of tension these young people are shut up together indiscriminately, and by loss of freedom are thrown on their own resources to devise distraction within the scope of the restrictions under which they are living, they will inevitably pool their knowledge in the ways and means of asocial and criminal behaviour. At the moment and under these conditions the assimilating power of the individual in absorbing instruction of this kind is at its height. Thus prisons are in danger of becoming intensive training centres for asocial and criminal behaviour. Moreover, there will be waiting for them, when they come out into the world once more, a ready-made clique or society of the same kind as that in which they have been living in these institutions. The same considerations in differing degrees apply to Homes that receive girls for long periods.

In the inhibited cases the girls need to be encouraged. In the rebellious cases they need to be soothed, and in the case of the girls overridden by sexual desires, outlets for their overpowering energies must be supplied. While retaining their liberty, they acquire friends who understand them, and who are

able by their greater wisdom to help them, both directly and indirectly; and there is a reasonable chance that in this way they will pass over successfully the stage of adolescence to the mature stage of the adult, when the sexual inrush has become once more equilibrated with the personality.

The great mistake of the present penal system is that it is neither deterrent nor reformative. The prison routine is too easy and pleasant to act as a deterrent. The efforts at reform under these conditions are rendered nugatory largely because

(1) the staff is not selected for the purpose of scientific reform;

(2) education at the same time as punishment is an anomaly, as the education is of necessity taken as part of the punishment. Education means a drawing out of the mind, and the mind under these conditions is closed against the teacher. In all cases where resentment is a prevailing affect or mood, it is unreasonable to expect that that state can be changed at all throughout a period of punishment;

(3) mere sentimentality, when this is the means of help offered, is worse than useless in that it raises in the subjects a sense of self-pity instead of a sense of responsibility;

(4) the placing together of these girls is to give them a university training in crime, and this is the worst feature of all (*v. p.* 94). It is true that in the case of Homes and Institutions the conditions are modified; but, nevertheless, the punishment *motif* is present. The girls are there because they are 'naughty' or troublesome. The one exception to the 'naughty' girl is the one who is sent in from a bad home or from the guardians.

I have remarked upon the large percentage of subnormal girls in these Homes. They are, usually, abnormally passive to the happenings in their lives. They are colourless, as their surroundings are colourless. This type of girl is likely to take on the colour of her surroundings later when she is thrust out upon the world. If they are satisfactory, well and good, but if not, she will drift into whatever the bad influence may be that surrounds her.

But this passivity is demanded of her from an early age, since her life has been spent in institutions from an early age. Adaptation, often more apparent than real, is always at a price, and the price sometimes is very heavy. Extreme passivity, though very excellent from the point of view of the authorities, since it aids the even running of an establishment, is nevertheless indicative of the stifling of all natural functioning. Where inhibition is extreme, it would not be surprising to find subnormal intelligence. Activity of mind is naturally accompanied by activity of body, but if the activity of body is continually checked the activity of the mind is apt to suffer also. It must find an outlet somewhere. Fantasy is an easily attained outlet since no external influence can seriously interfere with that. And the figures for fantasy in this group are, as we should expect, high.

In other cases, a violent suppression of activity may be accompanied by refusal to think. Fantasy will proceed, as before, but now unconsciously; and the net result will be the same in both cases, viz. an apparent lack of intelligence. The mind is absorbed elsewhere, and cannot be brought to focus full attention on external considerations. The inhibited, repressed type of girl will invariably be suggestible to parental, or substitute parental, influence. This will be shown by an extreme degree of passivity or negativism. Institutional life is not responsible for original repressions, but it is certainly responsible for augmenting such conflicts as exist, and this is brought about by forcing on the girl a life moulded to a pattern to which the authorities feel she should conform, instead of allowing her freedom to work out the one to which she herself *can conform*. In so far as an individual is encouraged to express himself or herself along individual lines, so will he or she become independent. Now institutional life seems almost invariably to militate against the development of healthy independence.

Failures from this class would, after due trial, be placed in Class (a).

Class 4. This class will include all those suffering from mental conflict, epilepsy, and those who display psychotic tendencies before any definite psychosis has developed.

The subjects should be investigated very fully psychologically. The investigator would then be in a position to advise:

1. A specialized environment, educative or otherwise.
2. Suggestion, direct or indirect.

3. Psycho-analytic treatment. Of cases recorded there are about 19 per cent. in which the use of this treatment is indicated. A month or six weeks' trial would enable the analyst to know if it was worth while proceeding with the analysis or not. A psycho-analytic understanding of the offender should, in any case, put the investigator in possession of the key to the subject's psychology; and then, since every one is not suitable for analysis, other treatment would be advised. It should be possible from the knowledge so gained to find a way of meeting the subject's psychological needs and at the same time the demands of society. Many improvements in machinery are brought about by the adaptation of an existing part to another part. In other words, let the best be made of the material that is there to hand. People have lived in dwellings made of petrol tins. In this way petrol tins are more useful than on the dust heap, and the man who makes this 'work of art' is very proud of his production and does not sit down and cry because it is not a palace. So, surely, society should be content if a system were devised in which the offender is dealt with in such a way as to make the best possible of him. If, finally, after full study and treatment he is relegated to Class 1 or 2, at least the community would have the satisfaction of knowing that all that could be done had been done. Even in Class 1 it should be possible to make most offenders,

partly if not wholly, self-supporting; and by means of this, more happily adapted both internally and externally. Whereas, as it is at present, society pays heavily, not only intermittently for their support, but also for their depredations; the cost of the maintenance of the personnel of an elaborate system; for repeated court scenes and imprisonments; for hospital treatment when diseased; for damages to property and persons; and lastly—and more important than every other consideration—for the infection which is spread in the knowledge of the ways and means of crime.

In order to carry out the suggestions for treatment mentioned above there are two methods which commend themselves to me, both of which are practicable in that they can be utilized independently of, and concurrently with, the present system, and that they can be started in a small way. The two suggested methods are that there should be established:

1. A central clearing station system.
2. Small laboratories.

1. *The central clearing station system.* This should be formed on the lines of an infectious hospital. The patients would be sent in, be fully investigated physically and psychologically, and treatment allocated. This would be done as quickly as reasonably possible. All contact between patients in the central block would be strictly regulated. The idea of the system is set out diagrammatically on p. 98.

It would not be reasonable to suggest that such a system could replace the penal system all at once. It is possible, however, that the plans suggested could be started as an experiment, and the details of its working must be in accordance with the premise that crime is a symptom of underlying defect or disease. This theory, which is supported by the findings of this report, is also held by many eminent authorities, e.g. Hamblin Smith, William Healy, and others.

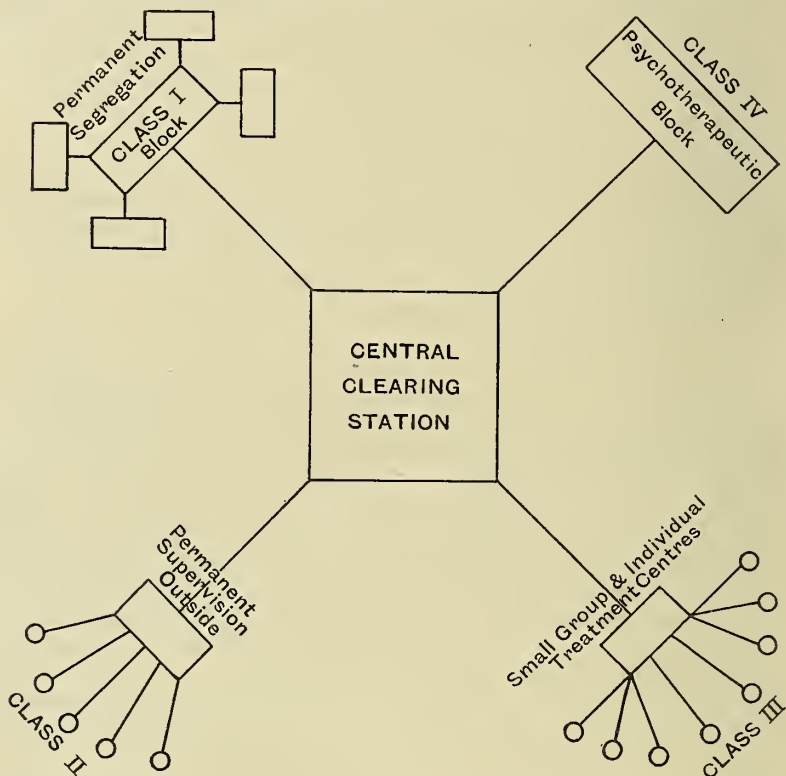
The buildings used should have no connexion whatever with the present established penal system, and should be in no way designated by the word 'penal'. None of the buildings once used, and therefore labelled for all time as prisons, should be used in this scheme.

It would be worse than useless to vitiate a new system by bringing over from the old prisons its diseased-beyond-cure inmates. Nor would it be advisable to bring in any who had been previously in prison, for they would bring with them all the knowledge of the ways and means of crime, which information they would inevitably pass on. Although this is a system to deal with crime, the buildings should be called hospitals and not prisons, since the object will be to eradicate crime by curing through psychological treatment and other measures the underlying psychological maladjustments and defects; whereas, in the case of prisons, the object is eradication of crime by means of punishment.

Every offender should be sent in for investigation at the time of his first offence. Since the place will be called a hospital and

not a prison there will be no stigma attached. Probation, as I have already shown, is unreliable in its results, and it has some serious drawbacks.

2. *Small laboratories.* Research into the value of the various methods of treatment is not only important but necessary, if any



progress is to be made. To meet this need, individuals should be chosen to deal with small numbers—for example, six or eight persons at one time—and to these research workers should be given the power and means to make the investigation in accordance with their own ideas and plans. In fact, there should be instituted a number of small laboratories where the investigators represent the several different schools of psychology as they exist to-day. Those in charge should be given hunting grounds from which they may select their cases, and the subjects chosen should, from that time onwards, come under the sole guardianship of the investigator. One might prefer to conduct the experimental treatment of the subject in his normal environment; while another might wish to make some change in that environment, although allowing the subject to carry on his normal occupation at the same time. Some would, doubtless, wish to place the subjects for treatment under entirely new conditions. Whatever the investigator requires for his experiment must be at his disposal. All such work at the present time is crippled by

interference in the experimental method. No one would think of saying to a physiologist, 'You may do this and that, but you must not use this drug or that method in testing the functions of a nerve'; yet that is what happens, and must necessarily happen, under present conditions in dealing with delinquents.

A considerable period should be expected to elapse before any appreciable results could be shown, but the expense of work begun on so small a scale as I have indicated would be so moderate that there would be little call for protest in this direction. By this method we should discover the actual value, as judged by results, of each individual school of psychology. We might find, for instance, that one school obtained good results with one type of case, and another school with another type, while perhaps yet another school might not produce any satisfactory results at all.

Both the central clearing station scheme and the establishment of small laboratories should be carried out concurrently. They in no way overlap each other. The scientific data obtained from the results of work in these small laboratories could be made use of by the administrators of the Central Clearing Station, and of Prisons and Institutions alike.

There is a gradually increasing demand, both on the part of the public and of heads of Institutions, for suggestions with regard to treatment, and results attained in this completely independent way could be assimilated and applied by the heads of these Institutions in so far as each is able.

In conclusion let me say that, although it may appear that the biological consideration of the offender has been exceeded, and that the realms of sociology have been trespassed upon in this report, such, indeed, is not the case. The premise is that criminals and asocial persons are not a class as such, but individuals suffering from psychological illness or defects, and therefore in the application of psychotherapy social changes in environment may be of necessity insisted upon. Where society's demands have been set out, it has been for the purpose of emphasizing a norm, serious deviation from which is an indication of deficient adaptation capacity on the part of the individual to his surroundings, and, therefore, of a biological deficiency.

SECTION VII. APPENDICES.

APPENDIX 1. ANALYSIS OF CRIMES. (*Prison Cases.*)

Prostitution:	cases
Prostitution alone	8
Prostitution and drunkenness	7
Prostitution and larceny	7
Prostitution, larceny and drunkenness	1
Larceny:	
Larceny alone	40
Larceny and prostitution	7
Larceny and drunkenness	2

Larceny, prostitution and drunkenness	1
Larceny and bigamy	1
Larceny and attempted suicide	1
Larceny and vagrancy	3
Larceny and assault	2
Drunkenness:	
Drunkenness alone	8
Drunkenness and prostitution	7
Drunkenness and larceny	2
Drunkenness, prostitution, and larceny	1
Drunkenness and vagrancy	1
Vagrancy:	
Vagrancy alone	4
Vagrancy and larceny	3
Vagrancy and drunkenness	1
Attempted Suicide:	
Attempted suicide alone	1
Attempted suicide and larceny	1
Other Offences:	
Infanticide	2
Neglect of child	4
Obtaining goods by false pretences	2
Attempted murder	1
Manslaughter	1
Wilful damage	1
Assault	1

From the above figures it will be seen that there are 73 cases in which one type of crime is committed, and 23 cases in which multiple types of crimes are committed.

Of the single type of crime we find 56 out of the 75 cases are either that of prostitution, larceny, or drunkenness. In the 27 cases of multiple crimes we find 27 (i.e. 100%) in which one or more of the three crimes—prostitution, larceny, and drunkenness—are present. That is to say, that in the hundred cases investigated we have 83 cases where the crime has been one of these three. It is clear, therefore, that further inquiry needs to be focussed on these three crimes. It is probable that there will be found connecting links other than mere chance between them. The question arises whether there are any salient differences between the onset of the crimes, when kept to type and simple, and the onset of the multiple type. It is noticeable that 34 out of the 56 cases mentioned above were suffering from manifest mental conflict.

APPENDIX 2. ANALYSIS OF THE PHYSICAL HEALTH OF OFFENDERS. (*Prison Cases.*)

						cases
Healthy . . . . .	.	.	.	.	.	85
Diseased . . . . .	.	.	.	.	.	15

In the 85 cases termed healthy there were 12 showing certain

disabilities or defects, which were judged to be of minor importance only.

They were made up as follows :	cases
Congenital defects	4
Anaemia or menstrual irregularities	6
Ovary removed	1
Thyroid enlarged	1

In summing up, it seems as if disease alone has very little to do in causing delinquency, since there are only 15 cases in which disease has been judged to be of sufficient importance to have had any effect in the causation of crime, and even then not as a primary but as a secondary factor.

APPENDIX 3. ANALYSIS OF HOME CONDITIONS. (*Prison Cases.*)

	cases
Vicious homes	28
Unsatisfactory homes	27
Satisfactory homes	45

} 55 cases.

Under the term vicious are placed homes in which one or both parents or guardians drink, or live sexually loose lives, and knock about or neglect the children. Unsatisfactory homes are those in which the parents or guardians either spoil the children or allow them to run wild, or where the influence of the parents or guardians is judged to be bad. In the satisfactory homes the home conditions are favourable; there are no outstanding conditions in the home life of the children that are not inevitable in any family life.

It might be assumed that abnormal behaviour would not be surprising in the case of children brought up in vicious or unsatisfactory homes, but when we come to the case of those brought up in satisfactory homes the home conditions cannot be looked upon as causes contributory to the asocial behaviour. Therefore, it is of interest to give an analysis of these cases in the table below :

	cases
Manifest mental conflict	26
Psychotic	4
Psychopathic	1
Mentally defective	4
Subnormal intelligence and defective sentiment development	2
Defective sentiment development	3
Accidental	5

That is, 40 out of the 45 subjects examined showed psychological defect or disease.

APPENDIX 4. ANALYSIS OF PREVAILING AFFECTS AND MOODS. (*Prison Cases.*)

As we should expect, these are very variable. In only 38 per cent. was there any sense of shame elicited. In 26 per cent. self-pity was pronounced. In 19 per cent. anger, resentment, and sullenness were present. In 14 per cent. the mood was that of deep depression. In 15 per cent. there was a marked degree of suspicion, which was not entirely removed during the interviews. In 50 per cent. the subjects were either happy and contented or slightly anxious. The large class of adapted would naturally come into this group.

Emotional mobility. There were 20 per cent. immobile, 14 per cent. \pm , and 66 per cent. whose mobility was averagely elastic.

The 20 cases where immobility of emotions was shown were made up as follows:

	cases
Mental conflict	6 (1 M.D.)
Psychotic or psychopathic	6
Mental Defective	6
Constitutional inferiors	3

From these figures it is evident that emotional immobility is invariably psychopathological or is an indication of inherent defect of intelligence or sentiment capacity.

In the 14 per cent. of cases marked \pm above the conditions bringing about the lack of mobility were variable. Mental conflict, a slow imagination, subnormality and mental defect, ill-health, or a sense of unfair imprisonment are all apt to cause the flow of emotions to become fixed in a more or less degree.

APPENDIX 5. ANALYSIS OF ATTEMPTS AT ADJUSTMENT. (*Prison Cases.*)

88 per cent. accepted imprisonment as just, although in some cases they thought the length of sentence unfair. Of the remaining 12 per cent. 10 showed projection and two negativism. They were made up as follows:

	cases
Mental conflict	7 (1 M.D.)
Mentally defective	3
Psychotic	3

It is interesting to note that the arm of the law does not, on the whole, miscarry; and that the individual does not quarrel with the authorities who carry out the law. Even in the prostitute class, where conciliating the police, one way or another, is from long custom taken so much as part of the game, and failure to do so means imprisonment, seldom is complaint made. It is accepted in the same way as losing a goal at football or being stumped at cricket.

APPENDIX 6. A REPORT ON PRISONS AND HOMES ON THE CONTINENT IN 1927.

The object in making a tour of the prisons and Homes on the Continent was twofold. Primarily, it was hoped that it would be instructive and helpful in the working out of the problem of how best to deal with delinquency; and in addition, I hoped to find that my colleagues abroad had had opportunities for experimentation along specialized lines, and that they would have something definite to offer in the way of results. It must be admitted that on the whole I was disappointed. Nevertheless, there were one or two experimental Homes, and one clinic in particular, that were of considerable interest.

I do not propose to give here a detailed account of all that I saw in the many prisons and Homes which I visited, but to confine myself rather to selecting such material as I judge to be of particular interest within the scope of this investigation.

The opportunity of seeing prisons and Homes abroad was made possible not only by the letters of introduction given me by Sir Maurice Waller (late Chairman of the Prison Commissioners) and Mr. Patterson (Prison Commissioner), but also by their personal letters to the authorities beforehand. The result was that I was welcomed everywhere and given freedom to see anything I wished. The success of my tour was entirely due to Sir Maurice Waller and Mr. Patterson, and to them my thanks are due.

In Amsterdam I had the opportunity of meeting Dr. G. T. J. de Yough, Judge of the Juvenile Courts in Amsterdam and Director of the Home for Girls. He has been judge of these Courts for many years, and had gradually worked towards and finally succeeded in establishing a Home for Girls conducted along individual lines. He took a block of workmen's flats and made it into what appears to the public to be an ordinary hostel for girls, and he furnished it as such a hostel would be furnished, only perhaps rather more lavishly. Here he has placed girls of the types which fill our Preventive and Rescue Homes in this country. The rules of the hostel are simple. Beyond the rule of being in at 8 o'clock there are none which would not be necessary in any hostel. The girls are all allowed to go out to their work daily. Two-thirds of their earnings go to the Home, the other third is divided into two equal parts, of which one is allotted to the girl's present use. With this she buys her clothes and any little thing she fancies for the decoration of her room, &c. The other part is banked for her, and this sum is allowed to accumulate until she leaves the Home, when she finds herself in possession of a nice little 'nest-egg'. Her own people are invited to come and see her once a month, and she is allowed to visit them once a month.

The object and aim in Dr. Yough's mind is that in offering these girls a home-life under such pleasant conditions they themselves will grow to feel that these conditions are desirable and necessary. The complete absence of uniform and of any

indication that the house is other than a hostel, together with the absence of locks and keys (the only exception to this being that their windows have an unobtrusive, although effective, lock which fixes them in a set position at night), eliminates to the last degree possible the idea of confinement against their wills, and gives freedom for initiative and growth. Opportunity for aesthetic development is an important part of the Doctor's plan; a piano is provided and wireless, and the girls are taken to concerts and cinemas. They are encouraged in any occupation they may wish to take up. No religion is forced on any of the girls; in that respect also they are entirely free, and their personal feelings and desires are consulted. The personnel of the Home is most carefully chosen, and is few in number. Great care is taken that the girls should have no feeling that they are being perpetually watched. Dr. Yongh himself visits the Home every Sunday and chats and reads to the girls—in fact, he acts the part of a veritable father to them; they discuss freely with him all their peccadilloes. The freedom with which they clustered round him when we entered made me feel that at least he held their affection.

If environment alone is going to help these girls to a higher standard of living and to give up their asocial ways, it seems to me that such a Home as this is calculated to bring the change about. One encouraging result, small though it may seem, is that the older girls disapprove strongly of the new-comers when they use unseemly language. Dr. Yongh was chary of committing himself to any statement concerning results, since the Home had only been in existence for nine months when I went over it.

I was also taken over the Observation Home for Boys by Dr. Yongh. This was not an experimental Home as in the case of the Girls' Home, but was one of the regular penal establishments.

All boys brought before the court are sent for inquiry and investigation into the Home. The boy is kept in solitary confinement from 7 to 14 days. During this time he is given plenty of interesting work to do, such as fretwork, cardboard building, putty moulding, &c. Many people visit him, and his character is closely studied. At the end of this time he is placed with the other boys and watched, and is now taught shoemaking, tailoring, and simple carpentering or claywork. A case sheet dealing very fully with his general make-up, physical and characterological, his home conditions and heredity, is filled in. Sometimes a psychiatrist or medical psychologist is asked to give a special report, but this is not required as a routine.

The observation lasts about a month, when it is decided either to send the boy home or to a reformatory.

The most noticeable lack in this institution was that of facility for games or sport. The Herr Doctor was aware of this, and deplored the absence of it.

In Berlin the Women's Remand Prison presented a modern prison such as we know it. The few points of difference from ours, some good and some not, were not of great importance.

The system of lavatory arrangements within the cell, even though in this case a modern up-to-date flushing w.c. pan is used, would not appeal to us in this country. This system seemed fairly general throughout the Continent, but in some prisons nothing more than a receptacle with a cover was supplied, which was cleared only once a day. Another system which seemed fairly general was that of having more than one person (1 to 12) in one cell. A single-cell system is being aimed at, and the replacement of large cells by single cells is gradually taking place. This is particularly so in Germany. There seems to have arisen in this country a wave of homosexuality amongst women since the war which is giving those in authority considerable anxiety. The single-cell system is at least a temporary preventive of its practice.

The prisoners in some respects are freer than in our prisons. Twelve women are in an association room at a time. Talking is allowed. An officer is not present. Privileges are to be gained. A canteen supplying books, soap, and eatables is within the precincts. There is no trained hospital staff; one semi-trained officer is in charge of the sick, but all cases really needing hospital attention are removed to hospitals outside.

The remand cases wear their own outer clothes but prison underlinen. The prisoners wear short dresses with short sleeves and no caps—a far more sensible outfit than ours at home.

There appears to be no psychological study or investigation of the prisoners. They are either mad or not mad. If mad, they are sent to an asylum—thus a girl with hysterical fits will be removed to an asylum. No notice is taken of psychoneurotics medically; they are merely being naughty.

In the General Prison (the Remand Prison only retained prisoners up to one year) solitary confinement up to six months was part of the punishment; after this, association is allowed and certain privileges are to be gained. The solitary confinement is remitted in cases where the nervous strain seems injurious.

All prisoners are allowed to write. Some write diaries, others poetry. What has been written is only inspected when there is reason to believe that bad use is being made of this facility.

All go to school under the age of 25 for the first six months. Teachers are all paid servants. No religion is forced on the women. On entry they are classified as R.C., Protestant, or Irreligious. The Irreligious are recognized as a class and their feelings respected. The reforms which have taken place, and which are much the same as in our own prisons, do not make the prisons any different in their attitude towards their fellow creatures. 'But,' says the Directrice, 'it makes discipline very difficult; the inmates become more and more aggressive in their claims.'

The idea of attacking criminality from a scientific point of view produced hilarious laughter.

In Berlin I was much interested in a special clinic which had been established by a group of doctors interested in

psychology and its bearings on criminology. To this clinic may be brought any delinquent boy or girl sent in either by the Courts or brought in by the heads of the various Homes or by anxious parents. It has not been in existence long, and Professor Kramer, who is the principal organizer, and who is attached also as psychiatrist and psychologist to prisons, told me that already it is much used and is daily becoming more known to the public. Although he has many cases sent in by the Courts, and some brought in by parents from the public outside, he finds that at present few are brought in from the Homes. The heads of these Homes invariably manifest the same nervous distrust that one is familiar with in this country. He added, however, that nervousness and distrust are gradually, though very slowly, being broken down. He finds, as I have also consistently found in my work in Homes, that, with one or two exceptions, superintendents are very unwilling for any treatment which does not act like magic or which entails time for its fulfilment. The establishment of a clinic, however, by a body of psychologists and criminologists, is in advance of anything we can yet show in England, where work of this kind seems still to be limited to the enterprise of unsupported individual effort.¹ I sincerely hope that in the near future such a clinic will become inevitable, not only in the eyes of the investigators, but also in those of the public.

From Berlin I went to Hamburg, where I found an experiment in the method of dealing with criminals was in progress that was on a scale more complete than in any other prison that I came across elsewhere. The Director of the Prisons in Hamburg has entire charge of all prisons throughout the State of Hamburg, so that in any experiment that he has been able to make his ideas have penetrated throughout the whole penal system. Fortunately the Director is a man of breadth of mind and imagination. Moreover, he has had the unique good fortune to be not only the head of so many institutions, but also to have a perfectly free hand to carry out his own schemes. He has been supported both by his own political party and by the Treasury. Now I think I am correct if I state that the Director's aim, briefly, is to provide for all the people who come under his care conditions as home-like as possible, together with work suited to each one. The delinquent's own desires and capacities are consulted; in fact, he is granted anything he asks for within reason. Such work as they do brings in money, and here, as in Dr. Yongh's hostel, the money is applied in such a way as to give the individual a sense of responsibility and self-respect. Music, art, and sport have been introduced, and the offender may participate in any of these diversions in his free time if he wishes to do so. Here again, so far as is possible, locks and bars are not used. Freedom of speech is the rule. Men and women have access to all the officers as and when they feel need of them.

¹ Since writing this several clinics have been established which deal with (*inter alia*) the difficult and asocial child, viz. The Child Guidance Clinic, The Children's Clinic run by Dr. Margaret Lowenfeld, The Child's Guidance Council, &c.

The Herr Doctor's argument is that if every opportunity is given to these people to have and to do what they desire, and if at the same time a feeling of general friendliness of the officers towards the inmates is established, then, if under these conditions an individual still continues to behave asocially, the conclusion that he is suffering from mental illness is inevitable, and only psychotherapy can help him. Therefore, in addition to the ordinary medical staff, the Doctor has supplied them with a psychologist.

In his establishment for boys on the island of Hanoversandt the Doctor has reproduced as far as possible the spirit and atmosphere of a public school. In the management of this establishment, as in all others, he has eliminated as completely as possible the use of locks and barbed wire and all forcible restrictions. He says to a boy, 'Now, look here, do you think you can work under these conditions of freedom? If you find it too hard, tell me. If you find yourself thinking about escape, tell me. If, after we have considered the difficulty and have tried several different methods to ease your craving, you still feel you will make an opportunity to escape, then for your own sake I will make it impossible for you'. When he finds that a boy comes to him and says, 'I am finding my liberty too great for me to bear', he frequently sends the lad home for a few days. On the whole he finds that this works well. Of course, occasionally there are those who cannot resist the temptation to escape no matter what help is given. He endeavours, especially with the juveniles, to develop in them aesthetic tendencies—love of cleanliness, love of beauty in art and in music.

When the Director first took his present position, he called together all his staff and outlined to them the changes which he proposed to make. Previously the prison had been dark and drear. Solitary confinement, silence, and harsh discipline had been the rule. He asked the staff to tell him there and then whether they felt they could carry on under the new régime as he would find places for those who felt they could not do so. Fifty per cent. of them felt strongly that the working of the place would become impossible and they left. Twenty-five per cent. of the remainder tried the scheme, but were unable to grasp the essentials of what the Director was aiming at, and therefore they failed to co-operate. The Director gradually eliminated them by finding them situations elsewhere. He says that his greatest difficulty is to find a suitable staff for the salary offered, but he is gradually succeeding. We went through every kind of prison and Home, and everywhere there was a spirit of friendly co-operation between prisoners and staff. There has only been one unpleasant episode since the inauguration of the scheme, and that was in the early days when it was first started. A batch of convicts tried to escape, and two of them were shot during their recapture. Since then no escape has been attempted. This event seems to have acted very effectively in showing the prisoners the one and only limit beyond which they must not go.

It would be easy to multiply interesting details about these prisons, but space and time forbid. I pass on now to what I found in Vienna.

Once again, I visited the prisons, including the juvenile prison; there are no reformatories, and no Homes. On the whole, things were by comparison backward in Austria and Vienna, partly, and possibly chiefly, because of the poverty of that country. Nevertheless, there seemed to me one experimental effort that was well worth attention. Herr Aichhorn, Educational Councillor of the Vienna Municipal Offices for Montris, some years ago was asked to organize a large educational institution for neglected and difficult children of both sexes in the old barrack camps of Ober-Hollabrunn. Amongst the many groups which were housed in the Education Institute were a group of 'Agressives'. This group was formed because they were repelled by the other groups. This group, after segregation, was allowed to do exactly as they liked, and were only restrained against grossly injuring each other or the staff. The personnel was not to interfere at all, unless dangerous circumstances arose. They were, as far as possible, to share the life of the boys, having meals with them, &c. At first pandemonium ensued. The lads smashed crockery and windows, hit each other about, threw their food about, and even went so far as to urinate and defaecate anywhere they chose. At the end of a month the inside of these barracks was indescribable and the staff completely worn out. The Doctor now asked for other barracks, and he started again. The boys themselves seemed exhausted and tired, and when taken into the new barracks wished now to behave decently. Gradually they became interested, wanted to learn, sought things to do, and a spirit of friendly rivalry came into being. With this came the commencement of the idea of self-government. Pressure was gradually brought to bear by members of the community on those others who did not so readily fall in with the unwritten laws of the group. As he added to the numbers, Herr Aichhorn grouped them into sets, and formed the plan of putting the new-comers into the same house as the 'discharge group,' that is to say, amongst the boys whom he judged to be ready for discharge. He found the influence of the 'discharge group' useful in restraining the extreme rowdyism of the new arrivals, and at the same time he felt that the entrance group was useful in testing the fitness for discharge of the other group. He argued that if, under the extremely difficult and unpleasant conditions of living created by the new-comers, the discharge group were able to manage well, without undue reaction and affect, then indeed they might be considered fit for re-entry into society. Herr Aichhorn's experiment has proved so successful that the city council has placed more and more groups under his supervision, until at the present time, I understand he has three or more separate Homes under his charge. Moreover, details of his cases have been

¹ *Vide, Neglected Youth*, by August Aichhorn. (Psychoanalytischer Verlag, Vienna.)

extremely interesting. The experimental conditions under which he has been able to work, combined with his psychological understanding, have enabled him to achieve almost phenomenal results in cases where no other training, conducted along institutional lines alone, however perfectly planned, could have brought about such excellent results.

Herr Aichhorn's Homes and his methods are certainly worthy of deep and careful consideration. His views as to the effects of institutional life run parallel with my own. He argues that the asocial child is already unable to experience sufficient pleasure to relieve his tension, therefore the obvious thing to do is to increase his capacity to experience pleasure. Institutional life, as at present organized, has not freed itself from the punitive idea which insists on restriction of liberty, and cannot rid itself of the view that pleasure must be eliminated to a vanishing point. The result is that, when a young person is once again sent out into society, he is not better but less able than before to cope with the difficult tendencies in himself. This explanation may well account for the appalling lack of success in dealing with these young people which is experienced in this country and elsewhere.

It would seem that in Austria at present there is very little social work being done, but the efforts of Miss Lohr, whom I must mention here, have been extraordinarily successful. Miss Lohr introduced the probation system into Austria. At first, like all pioneer work, it was very uphill. She had to crave permission of the judges that the experiment might be tried. Now, after several years, not only has probation been accepted as necessary by all the Courts, but she and a colleague have been made a grant, and she is now training under her as many as eighteen voluntary workers to cope with all cases that the judges send her.

The main prison in this city was unmodernized and gave one the impression of poverty and slackness. Those in charge were slovenly in appearance. This was all explained by the poverty of the country. They would wish to be as forward and advanced as in other countries but have not the means of bringing things up to date. The relationship between warders and prisoners was free and easy. The attitude of mind seems to be: 'You have given the prisoner his sentence, you have taken his liberty, and that is the end of it.' The discipline, as part of the penalty, seemed to them unnecessarily severe. This spirit is all to the good, but that it could be used to cover slackness in their responsibilities towards these prisoners was obvious. It leaves scope for favouritism and graft, and the authorities were by no means unaware of this.

The juvenile prison was far more up to date than the general prison, and was run on the lines of a reformatory. The influence of Miss Lohr, the lady mentioned above, was also to be seen here. She keeps an eye on all entrants, both while they are in the prison and after they are released. Lack of facilities for sport was noticeable, but the need was fully recognized. The necessary money to acquire ground, however, was not available.

The prison at Innsbruck was much the same in equipment and in its order of running as those in Vienna, but there was not the same opportunity for favouritism and graft in this prison, as it was small and under the supervision of Professor Foltin, who was modern in his outlook, and was only awaiting the time and opportunity to introduce many reforms.

My next visit was to Brussels, where I was shown over the Anthropological Institute. Every prisoner, male and female, passes through this Institute. Short sentence people serve their sentence there. A complete laboratory, with a doctor and two assistants, deal with each prisoner in turn, and a monthly physical and mental condition is recorded in every case. It was interesting to see that Dr. Vervaeck's statistics coincided closely with my own. It would be difficult to estimate the success of the work done here, or at Moll, where the juvenile offenders are segregated. As a system of examination there seemed to be nothing omitted, and the statistical results should be of value; but it seemed to me that the treatment side of the work was not as good as it might be. Efforts were made to find out each individual's capacity and his mental and physical conditions. He was then placed in a Home especially selected as the one best calculated to meet his needs. The selection of the Home seemed to be the beginning and end of treatment along scientific lines. The boys were then left to be dealt with by the staff who, as far as I could ascertain, had not received any specialized or psychological training.

In conclusion, let it be said that it was undeniably encouraging to find that there were on the Continent at least some experiments going forward along lines of original investigation. In England all our Homes and Institutions are still run along rigid lines, and they are all under religious jurisdiction. That these Institutions often offer a useful refuge to these difficult young people cannot be denied, but that they are ineffective in curing the troubles which are the source of their difficulties the Home officials themselves would doubtless be the first to admit. Such investigatory work as is in progress in this country is prompted by the enthusiasm of private individuals, who are hampered when they would attempt any co-ordinated clinical work by lack of support from public money and public interest. I cannot recall a single instance of any Home in this country which is conducted along individual and scientific lines, or one in which free opportunity is given for scientific research. It is to be hoped that the time will soon come when such ventures as have been started abroad will be possible in England also. In the meantime the experiments of Dr. Yongh in Amsterdam, Herr Aichhorn in Vienna, and Dr. Kok of Hamburg should be watched by all who are sincerely interested in the problem of delinquency, both as to its origin and its cure.

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No. 17. (I.) A Report upon the Seasonal Outbreak of Cerebro-spinal Fever in the Navy at Portsmouth, 1916-17. By Paul Fildes and S. L. Baker. (II.) The Treatment of Cerebro-spinal Meningitis by Antimeningococcus Serum at the Royal Naval Hospital, Haslar, 1915-16-17. By G. P. Adshead. [1918.] 2s. 6d. (2s. 8½d.).

No. 50. Cerebro-spinal Fever. Studies in the Bacteriology, Preventive Control, and Specific Treatment of Cerebro-spinal Fever among the Military Forces, 1915-19. By M. H. Gordon and others. [1920.] 4s. (4s. 3d.).

No. 124. The Meningococcus. By E. G. D. Murray. [1929.] 3s. 6d. (3s. 8½d.).

Chemotherapy: *see* STREPTOCOCCAL INFECTIONS.

Child Life (ANTENATAL and POSTNATAL INVESTIGATIONS):

No. 10. The Mortalities of Birth, Infancy, and Childhood. By A. K. Chalmers, W. A. Brend, L. Findlay, and J. Brownlee. [1918.] 1s. 6d. (1s. 7½d.).

No. 74. The Relation between Home Conditions and the Intelligence of School Children. By L. Isserlis. [1923.] 1s. (1s. 1d.).

No. 81. The Effect of Maternal Social Conditions and Nutrition upon Birth-weight and Birth-length. By M. Bruce Murray. [1924.] 1s. (1s. 1d.).

No. 82. Maternal Syphilis as a cause of Death of the Foetus and of the New-born Child. By J. N. Cruickshank. [1924.] 1s. 6d. (1s. 7½d.).

No. 86. The Estimation of Foetal Age, the Weight and Length of Normal Foetuses, and the Weights of Foetal Organs. By J. N. Cruickshank, M. J. Miller, and F. J. Browne. [1924.] 2s. 6d. (2s. 7½d.).

No. 101. Poverty, Nutrition, and Growth: Studies of Child Life in Cities and Rural Districts of Scotland. By D. Noël Paton, Leonard Findlay, and others. [1926.] 10s. (10s. 4½d.).

No. 109. A Clinical and Pathological Study of 1,673 Cases of Dead-Births and Neo-natal Deaths. Compiled by E. L. Holland and J. E. Lane-Claypon. [1926.] 3s. 6d. (3s. 7½d.).

No. 114. Social Conditions and Acute Rheumatism. [1927.] 2s. 6d. (2s. 8d.).

No. 117. The Toxaemias of Pregnancy: A Clinical and Biochemical Study. By J. N. Cruickshank, J. Hewitt, and K. L. Couper. [1927.] 4s. (4s. 2d.).

No. 118. The Cause of Foetal Death in 144 Cases. By A. C. Palmer. [1928.] 3s. (3s. 2d.).

No. 145. The Causes of Neo-natal Death. By J. N. Cruickshank. [1930.] 1s. 6d. (1s. 7½d.).

No. 157. Nutritional Anaemia in Infancy: The Influence of Iron Deficiency on Infant Health. By H. M. M. Mackay, L. Goodfellow, and A. Bradford Hill. [1931.] 2s. (2s. 2d.).

No. 162. Intelligence and Disease. By Shepherd Dawson assisted by J. C. M. Conn. [1931.] 1s. (1s. 1½d.).

No. 171. Facial Growth in Children, with Special Reference to Dentition. Part I, by Corisande Smyth. Part II, by Matthew Young. [1932.] 1s. 6d. (1s. 8d.)

See also NUTRITION; RICKETS.

Dental Disease:

No. 70. The Structure of Teeth in relation to Dental Disease. By J. Howard Mummery. [1922.] 2s. (2s. 1d.).

Special Reports—continued.

- No. 97. The Incidence of Dental Disease in Children. By the Committee for the Investigation of Dental Disease. [1925.] 1s. 6d. (1s. 7½d.).
- No. 140. Diet and the Teeth: An Experimental Study. Part I. Dental Structure in Dogs. By May Mellanby. [1929.] 17s. 6d. (18s.).
- No. 153. Diet and the Teeth: An Experimental Study. Part II. A. Diet and Dental Disease. B. Diet and Dental Structure in Mammals other than the Dog. By May Mellanby. [1930.] 2s. 6d. (2s. 8½d.).
- No. 159. The Influence of Diet on Caries in Children's Teeth (Interim Report). By the Dental Committee. [1931.] 6d. (7d.).
- See also CHILD LIFE (No. 171).

Diphtheria:

- No. 115. The Prevention of Diphtheria. By J. Graham Forbes. [1927.] 2s. (2s. 1½d.). (Book). Diphtheria: its Bacteriology, Pathology, and Immunology. By the Bacteriological Committee. [1923.] 12s. 6d. (13s. 3d.).
- See also EPIDEMIOLOGY (No. 75), STATISTICS (No. 137).

Dysentery:

- Reports upon Investigations in the United Kingdom of Dysentery Cases received from the Eastern Mediterranean:—
- No. 4. I. Amoebic Dysentery and the Protozoological Investigation of Cases and Carriers. By Clifford Dobell. [1917.] *Out of print.*
- No. 5. II. Report upon 878 Cases of Bacillary Enteritis. By L. Rajchman and G. T. Western. [1917.] *Out of print.*
- No. 6. III. Report upon recovered Cases of Intestinal Disease in the Royal Naval Hospital, Haslar, 1915–16. By Paul Fildes and others. IV. Report upon combined Clinical and Bacteriological Studies of Dysentery Cases from the Mediterranean. By S. R. Douglas and L. Colebrook. [1917.] 4s. 6d. (4s. 7½d.).
- No. 7. V. Report upon 2,360 Enteritis 'Convalescents' received at Liverpool from various Expeditionary Forces. By E. Glynn and others. [1918.] 2s. (2s. 2d.).
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- No. 15. A Study of 1,300 Convalescent Cases of Dysentery from Home Hospitals: with special reference to the Incidence and Treatment of Amoebic Dysentery Carriers. By Clifford Dobell, H. S. Gettings, Margaret W. Jepps, and J. B. Stephens. [1918.] 1s. 3d. (1s. 4d.).
- No. 29. A Contribution to the Study of Chronicity in Dysentery Carriers. By W. Fletcher and Doris L. Mackinnon. [1919.] 9d. (10d.).
- No. 30. An Investigation of the Flexner-Y Group of Dysentery Bacilli. By H. S. Gettings. [1919.] 1s. (1s. 1d.).
- No. 40. Studies of Bacillary Dysentery occurring in the British Forces in Macedonia. By L. S. Dudgeon and others. [1919.] 3s. (3s. 1½d.).
- No. 42. A Study of the Serological Races of the Flexner Group of Dysentery Bacilli. By F. W. Andrewes and A. C. Inman. [1919.] 2s. (2s. 1½d.).
- See also FOOD POISONING.

Encephalitis:

- No. 108. The Sheffield Outbreak of Epidemic Encephalitis in 1924. [1926.] 1s. 9d. (1s. 10½d.).

Enteric Infections:

- No. 9. A Report upon the Use of Atropine as a Diagnostic Agent in Typhoid Infections. By H. F. Marris. [1917.] 1s. (1s. 1d.).
- No. 48. A Report on the probable Proportion of Enteric Infections among Undiagnosed Febrile Cases invalided from the Western Front since October 1916. By W. W. C. Topley, S. G. Platts, and C. G. Imrie. [1920.] 3s. (3s. 1½d.).
- See also BACTERIOLOGY; FOOD POISONING.

Epidemiology:

- No. 75. The Schick Test, Diphtheria and Scarlet Fever. By S. F. Dudley. [1923.] 1s. (1s. 1½d.).

No. 111. The Spread of Droplet Infection in Semi-isolated Communities. By S. F. Dudley. [1926.] 1s. 6d. (1s. 7½d.).

No. 120. An Inquiry into the Relationship between Housing Conditions and the Incidence and Fatality of Measles. By J. L. Halliday. [1928.] 1s. (1s. 1d.).
See also SMALL-POX; STATISTICS; TUBERCULOSIS; etc.

Flying, Medical Problems of:

Reports of the Air Medical Investigation Committee:—

No. 28. The Sense of Balance and Stability in the Air. By Henry Head. [1919.] 9d. (10d.). (Included in No. 53.)

No. 37. The Effects of Diminished Tension of Oxygen, with especial reference to the Activity of the Adrenal Glands. By C. H. Kellaway. The Ear in relation to certain Disabilities in Flying. By S. Scott. [1919.] 1s. (1s. 1d.).

No. 53. The Medical Problems of Flying (including reports on oxygen want, selection of candidates for flying, sense of balance, and flying strain). [1920.] 6s. (6s. 4d.).

No. 84. The Application of the Air Force Physical Efficiency Tests to Men and Women. By L. D. Cripps. [1924.] 1s. 6d. (1s. 7½d.).

Food Poisoning:

No. 24. A Report on the Investigation of an Epidemic caused by *Bacillus aertrycke*. By H. Marrian Perry and H. L. Tidy. [1919.] 9d. (10d.).

No. 91. An Investigation of the Salmonella Group, with Special Reference to Food Poisoning. By W. G. Savage and P. Bruce White. [1925.] 3s. 6d. (3s. 8d.).

No. 92. Food Poisoning: a Study of 100 Recent Outbreaks. By W. G. Savage and P. Bruce White. [1925.] 2s. 6d. (2s. 8d.).

No. 103. Further Studies of the Salmonella Group. By P. Bruce White. [1926.] 5s. (5s. 2½d.).

Goitre:

No. 154. Iodine Supply and the Incidence of Endemic Goitre. By J. B. Orr. [1931.] 4d. (5d.). See also NUTRITION (No. 123).

Haemoglobin: see BLOOD.

Hearing:

No. 166. Reports of the Committee upon the Physiology of Hearing. I. The Localization of Sounds in the Median Plane. By J. H. Shaxby, and F. H. Gage. II. Some Factors in Auditory Localization. By H. E. O. James, and Marion E. Massey. [1932.] 1s. (1s. 1½d.).

Heart:

No. 8. Report upon Soldiers returned as Cases of 'Disordered Action of the Heart' (D.A.H.), or Valvular Disease of the Heart. By Sir Thomas Lewis. [1917.] 1s. (1s. 1d.).

No. 147. The Electrocardiogram. By W. H. Craib. [1930.] 1s. 3d. (1s. 4½d.).

Industrial Health:

The Annual Reports of the Industrial Health (formerly Fatigue) Research Board, and special reports on particular subjects, are published for the Council in separate series. The subjects dealt with include accident causation, rest pauses, spells of work, movement study, vocational selection, and problems of particular industries. A list can be supplied on application to the Secretary of the Board, 38 Old Queen Street, Westminster, S.W. 1.

Influenza:

No. 36. Studies of Influenza in Hospitals of the British Armies in France, 1918. [1919.] 3s. 6d. (3s. 8d.).

No. 63. Studies in the Aetiology of Epidemic Influenza. By J. McIntosh. [1922.] 2s. 6d. (2s. 7d.).

Jaundice:

No. 113. Spirochaetal Jaundice. By G. Buchanan. [1927.] 4s. (4s. 2d.).

Light Treatment:

No. 131. Irradiation and Health: Two Experimental Studies. By Dora Colebrook. [1929.] 1s. 6d. (1s. 7d.).

Malaria : *see* QUININE.

Maternal Mortality : *see* CHILD LIFE and STREPTOCOCCAL INFECTIONS.

Measles : *see* EPIDEMIOLOGY (No. 120).

Miners' Dietaries : *see* NUTRITION.

Miners' Diseases, etc. :

No. 89. Report on Miners' 'Beat Knee', 'Beat Hand', and 'Beat Elbow'. By E. L. Collis and T. L. Llewellyn. [1924.] 1s. 6d. (1s. 7d.).

See also JAUNDICE (No. 113).

Miners' Nystagmus : *see* VISION.

Nephritis :

No. 43. Albuminuria and War Nephritis among British Troops in France. By H. MacLean. [1919.] 2s. 6d. (2s. 8d.).

No. 142. A Classification of Bright's Disease. By Dorothy S. Russell. [1929.] 8s. 6d. (8s. 10d.).

Nerve Injuries :

Reports of the Committee upon Injuries to the Nervous System :—

No. 54. The Diagnosis and Treatment of Peripheral Nerve Injuries. [1920.] 2s. (2s. 1½d.).

No. 88. Injuries of the Spinal Cord and Cauda Equina. [1924.] 1s. 6d. (1s. 7½d.).

Nutrition :

No. 13. An Enquiry into the Composition of Dietaries, with special reference to the Dietaries of Munition Workers. By Viscount Dunluce and Major Greenwood.

Out of print.

No. 87. Report on the Nutrition of Miners and their Families. By the Committee upon Quantitative Problems in Human Nutrition. [1924.] 1s. 3d. (1s. 4d.).

No. 105. Diets for Boys during the School Age. By H. C. Corry Mann. [1926.] 2s. 6d. (2s. 7½d.).

No. 123. Iodine in Nutrition : a Review of Existing Information. By J. B. Orr and I. Leitch. [1929.] 2s. 6d. (2s. 8d.). *See also* GOITRE (No. 154).

No. 135. The Carbohydrate Content of Foods. By R. A. McCance and R. D. Lawrence. [1929.] 2s. (2s. 1½d.).

No. 146. The Antiscorvy Vitamin in Apples. By Mary F. Bracewell, E. Hoyle, and S. S. Zilva. [1930.] 9d. (10d.).

No. 151. A Study in Nutrition. An Inquiry into the Diet of 154 Families of St. Andrews. By E. P. Cathcart and A. M. T. Murray, assisted by M. Shanks. [1931.] 1s. (1s. 1½d.).

No. 155. Studies of Nutrition : The Physique and Health of Two African Tribes. By J. B. Orr and J. L. Gilks. [1931.] 2s. (2s. 2d.).

No. 158. The Quantitative Estimation of Vitamin D by Radiography. By R. B. Bourdillon, H. M. Bruce, C. Fischmann, and T. A. Webster. [1931.] 1s. (1s. 1½d.).

No. 165. Studies in Nutrition. An Inquiry into the Diet of Families in Cardiff and Reading. By E. P. Cathcart and A. M. T. Murray, assisted by M. Shanks. [1932.] 6d. (7d.).

No. 167. Vitamins : A Survey of Present Knowledge. By a Committee appointed jointly by the Lister Institute and Medical Research Council. [1932.] 6s. 6d. (7s. ½d.).

No. 175. Vitamin Content of Australian, New Zealand, and English Butters. By M. E. F. Crawford, E. O. V. Perry, and S. S. Zilva. [1932.] 1s.

See also CHILD LIFE ; RICKETS ; DENTAL DISEASE.

Pituitary Extract : *see* STANDARDS.

Pneumonia :

No. 79. Bacteriological and Clinical Observations on Pneumonia and Empyemata, with special reference to the Pneumococcus and to Serum Treatment. By E. E. Glynn and Lettice Digby. [1923.] 5s. (5s. 3d.).

Pneumothorax, Artificial : *see* TUBERCULOSIS.

Print, Legibility of : *see* VISION.

Protozoan Infections :

No. 59. A Report on the Occurrence of Intestinal Protozoa in the inhabitants of Britain. By Clifford Dobell. [1921.] 2s. (2s. 1½d.).

Psychology :

No. 170. Studies in the Psychology of Delinquency. By G. W. Pailthorpe. [1932.] 2s. (2s. 2d.).

Quinine :

- No. 96. Clinical Comparisons of Quinine and Quinidine. By the Committee upon Cinchona Derivatives and Malaria. [1925.] 1s. (1s. 1d.).

Radium :

- No. 62. Medical Uses of Radium : Studies of the Effects of Gamma Rays from a large Quantity of Radium. By various authors. [1922.] 5s. (5s. 3d.).
- No. 90. Medical Uses of Radium : Summary of Reports from Research Centres for 1923. [1924.] 1s. (1s. 1d.).
- No. 102. Ditto for 1924. [1926.] 1s. 6d. (1s. 7d.).
- No. 112. Ditto for 1925. [1926.] 1s. 3d. (1s. 4d.).
- No. 116. Ditto for 1926. [1927.] 1s. (1s. 1½d.).
- No. 126. Ditto for 1927. [1928.] 1s. (1s. 1½d.).
- No. 144. Ditto for 1928. [1929.] 1s. (1s. 1d.).
- No. 150. Ditto for 1929. [1930.] 9d. (10d.).
- No. 160. Ditto for 1930. [1931.] 1s. (1s. 1d.).
- No. 174. Ditto for 1931. [1932.] 1s. 3d.

Rheumatism : *see* CHILD LIFE (No. 114).

Rickets :

- No. 20. A Study of Social and Economic Factors in the Causation of Rickets, with an Introductory Historical Survey. By L. Findlay and Margaret Ferguson. [1918.] *Out of print.*
- No. 61. Experimental Rickets. By E. Mellanby. [1921.] 4s. (4s. 2d.).
- No. 68. Rickets : the Relative Importance of Environment and Diet as Factors in Causation. By H. Corry Mann. [1922.] 2s. 6d. (2s. 7½d.).
- No. 71. The Aetiology and Pathology of Rickets from an experimental point of view. By V. Korenchevsky. [1922.] 4s. (4s. 3d.).
- No. 77. Studies of Rickets in Vienna, 1919–22. [1923.] 7s. 6d. (7s. 10½d.).
- No. 93. Experimental Rickets : The Effect of Cereals and their Interaction with other factors of Diet and Environment in producing Rickets. By E. Mellanby. [1925.] 3s. 6d. (3s. 8d.).

Salvarsan : *see* VENEREAL DISEASES; STREPTOCOCCAL INFECTIONS; STANDARDS, BIOLOGICAL (No. 128).

Scarlet Fever : *see* STATISTICS (No. 137).

Scurvy : *see* NUTRITION (No. 146).

Shock, Surgical :

Reports of the Committee on Surgical Shock and Allied Conditions:—

- No. 25. Wound-Shock and Haemorrhage. [1919.] 4s. (4s. 5½d.).
- No. 26. Traumatic Toxaemia as a Factor in Shock. [1919.] 1s. (1s. 1d.).
- No. 27. Blood Volume Changes in Wound-Shock and Primary Haemorrhage. By N. M. Keith. [1919.] 9d. (10d.).

Small-pox :

- No. 98. Studies of the Viruses of Vaccinia and Variola. By M. H. Gordon. [1925.] 3s. 6d. (3s. 8½d.).
- No. 106. Small-pox and Climate in India : Forecasting of Epidemics. By Sir Leonard Rogers. [1926.] 2s. (2s. 1½d.).
- No. 143. Diagnostic Value of the 'Vaccinia Variola' Flocculation Test. By W. L. Burgess, James Craigie, and W. J. Tulloch. [1929.] 1s. 3d. (1s. 4d.).
- No. 156. Further Investigations on the Variola-Vaccinia Flocculation Reaction. By James Craigie and W. J. Tulloch. [1931.] 3s. (3s. 2½d.).

Spinal Deformities : *see* SURGERY (No. 161).

Standards, Biological :

- No. 69. I. Pituitary Extracts. By J. H. Burn and H. H. Dale. [1922.] 1s. 6d. (1s. 7d.).
- No. 128. II. Toxicity Tests for Novarsenobenzene (Neosalvarsan). By F. M. Durham, J. H. Gaddum, and J. E. Marchal. [1929.] 1s. 9d. (1s. 10d.).
- See also* VENEREAL DISEASES (No. 44) and NUTRITION (No. 158).

Statistics (MISCELLANEOUS).

- No. 16. A Report on the Causes of Wastage of Labour in Munition Factories. By Major Greenwood. [1918.] 1s. 6d. (1s. 7d.).
- No. 60. The Use of Death-rates as a Measure of Hygienic Conditions. By John Brownlee. [1922.] 3s. (3s. 1½d.).
- No. 95. Internal Migration and its Effects upon the Death-rates: with Special Reference to the County of Essex. By A. B. Hill. [1925.] 3s. 6d. (3s. 8d.).
- No. 137. Scarlet Fever, Diphtheria, and Enteric Fever, 1895-1914: A Clinical-Statistical Study. By E. W. Goodall, M. Greenwood, and W. T. Russell. [1929.] 2s. (2s. 1½d.).

Streptococcal Infections:

- No. 119. A Study of some Organic Arsenical Compounds with a view to their Use in certain Streptococcal Infections. By L. Colebrook. [1928.] Price 1s. 3d. (1s. 4d.).

Surgery:

- No. 125. A Study of Intracranial Surgery. By H. Cairns. [1929.] 3s. (3s. 2½d.).
- No. 138. The Preparation of Catgut for Surgical Use. By W. Bulloch, L. H. Lampitt, and J. H. Bushill. [1929.] 4s. (4s. 3d.).
- No. 161. The Intervertebral Discs. Observations on their Normal and Morbid Anatomy in relation to certain Spinal Deformities. By O. A. Beadle. [1931.] 2s. (2s. 2d.).
- See also BURNS; SHOCK, SURGICAL.

T.N.T. Poisoning:

- No. 11. The Causation and Prevention of Tri-nitro-toluene (T.N.T.) Poisoning. By Benjamin Moore. [1917.] 1s. (1s. 1½d.).
- No. 58. T.N.T. Poisoning and the Fate of T.N.T. in the Animal Body. By W. J. O'Donovan and others. [1921.] 3s. (3s. 1½d.).

Tuberculosis:

- No. 1. First Report of the Special Investigation Committee upon the Incidence of Phthisis in relation to Occupations.—The Boot and Shoe Trade. [1915.] 3d. (3½d.).
- No. 18. An Investigation into the Epidemiology of Phthisis Pulmonalis in Great Britain and Ireland. Parts I and II. By John Brownlee. [1918.] Price 1s. 3d. (1s. 4½d.).
- No. 22. An Inquiry into the Prevalence and Aetiology of Tuberculosis among Industrial Workers, with special reference to Female Munition Workers. By Major Greenwood and A. E. Tebb. [1919.] 1s. 6d. (1s. 7d.).
- No. 33. Pulmonary Tuberculosis: Mortality after Sanatorium Treatment. By Noel D. Bardswell and J. H. R. Thompson. [1919.] 2s. (2s. 2d.).
- No. 46. An Investigation into the Epidemiology of Phthisis in Great Britain and Ireland: Part III. By John Brownlee. [1920.] 2s. 6d. (2s. 7½d.).
- No. 67. Report on Artificial Pneumothorax. By L. S. T. Burrell and A. S. MacNalty. [1922.] 2s. 6d. (2s. 8d.).
- No. 76. Tuberculosis in Insured Persons accepted for Treatment by the City of Bradford Health Committee. By H. Vallow. [1923.] 6d. (7d.).
- No. 83. Tuberculosis of the Larynx. By Sir St. Clair Thomson. [1924.] 2s. 6d. (2s. 8d.).
- No. 85. An Inquiry into the After-Histories of Patients treated at the Brompton Hospital Sanatorium at Frimley, during the years 1905-14. By Sir P. H.-S. Hartley, R. C. Wingfield, and J. H. R. Thompson. [1924.] 1s. 6d. (1s. 7d.).
- No. 94. Tuberculin Tests in Cattle, with special reference to the Intradermal Test. By the Tuberculin Committee. [1925.] 3s. (3s. 3d.).
- No. 122. The Intradermal Tuberculin Test in Cattle: Collected Results of Experience. By J. B. Buxton and A. S. MacNalty. [1928.] 1s. 6d. (1s. 7½d.).
- No. 149. Tuberculosis in Man and Lower Animals. By H. H. Scott. [1930.] 4s. (4s. 4d.).
- No. 152. Studies of Protection against Tuberculosis: Results with B. C. G. Vaccine in Monkeys. By A. Stanley Griffith. [1931.] 9d. (10½d.).
- No. 164. The Value of Tuberculin Tests in Man with special reference to the Intracutaneous Test. By P. D'Arcy Hart. [1932.] 2s. (2s. 2d.).
- No. 172. Tuberculous Disease in Children: Its Pathology and Bacteriology. By J. W. S. Blacklock. [1932.] 3s. (3s. 3d.).

Venereal Diseases:

- No. 14. The Wassermann Test. By the Committee upon Pathological Methods. 1918. Reprinted. [1921.] 1s. (1s. 1d.).

Special Reports—continued.

- No. 19. The Laboratory Diagnosis of Gonococcal Infections. Methods for the Detection of *Spironema pallidum*. By the Bacteriological Committee. *New Edition*. [1923.] 1s. 6d. (1s. 7½d.).
- No. 21. The Diagnostic Value of the Wassermann Test. By the Committee upon Pathological Methods. [1918.] *Out of print*.
- No. 23. An Analysis of the Results of Wassermann Reactions in 1,435 Cases of Syphilis or Suspected Syphilis. By Paul Fildes and R. J. G. Parnell. [1919.] 2s. (2s. 1d.).
- No. 41. (I.) An Investigation into the Ultimate Results of the Treatment of Syphilis with Arsenical Compounds. By Paul Fildes and R. J. G. Parnell. (II.) A Clinical Study of the Toxic Reactions which follow the Intravenous Administration of '914'. By R. J. G. Parnell and Paul Fildes. [1919.] 2s. (2s. 1d.).
- No. 44. Reports of the Special Committee upon the Manufacture, Biological Testing, and Clinical Administration of Salvarsan and of its Substitutes. I. [1919.] 1s. (1s. 1d.).
- No. 45. Unsuspected Involvement of the Central Nervous System in Syphilis. By Paul Fildes, R. J. G. Parnell, and H. B. Maitland. [1920.] 1s. (1s. 1d.).
- No. 47. The Accuracy of Wassermann Tests, applied before and after death, estimated by Necropsies. I. The Wassermann Test applied before death. By H. M. Turnbull. [1920.] 2s. 6d. (2s. 7½d.).
- No. 55. (I.) Results of the Examination of Tissues from Eight Cases of Death following Injections of Salvarsan. By H. M. Turnbull. (II.) The Influence of Salvarsan Treatment on the Development and Persistence of Immunity, as indicated by Measurements of Agglutinins. By E. W. Ainley Walker. [1920.] 3s. (3s. 1½d.).
- No. 66. Toxic Effects following the Employment of Arsenobenzol Preparations. By the Salvarsan Committee. [1922.] 2s. (2s. 1½d.).
- No. 78. The Serum Diagnosis of Syphilis: The Wassermann and Sigma Reactions compared. [1923.] 5s. 6d. (5s. 9d.).
- No. 107. The Effect of Treatment on the Wassermann Reactions of Syphilitic Patients. By E. E. Glynn, R. E. Roberts, and P. M. Bigland. [1926.] 3s. 6d. (3s. 8d.).
- No. 129. The Wassermann Test. Technical Details of No. 1 Method M.R.C. (Modified). By E. J. Wyler. [1929.] 9d. (10d.).
- No. 132. The Treatment of Syphilis: A Survey of Records from St. Thomas's Hospital. By L. W. Harrison. [1929.] 2s. (2s. 1½d.).

Ventilation, etc.:

- No. 32. The Science of Ventilation and Open-air Treatment. Part I. By Leonard Hill. [1919.] 10s. (10s. 5½d.).
- No. 52. The Science of Ventilation and Open-air Treatment. Part II. By Leonard Hill. [1920.] 6s. (6s. 4½d.).
- No. 73. The Kata-thermometer in Studies of Body Heat and Efficiency. By Leonard Hill and others. [1923.] 5s. (5s. 2½d.).
- No. 100. Methods of Investigating Ventilation and its Effects. By H. M. Vernon and others. [1926.] 2s. (2s. 1½d.).

Vision :

- No. 65. First Report of the Miners' Nystagmus Committee. [1922.] *Out of print*.
- No. 80. Second Report of the Miners' Nystagmus Committee. [1923.] 9d. (10d.).
- No. 110. The Legibility of Print. By R. L. Pyke. [1926.] 4s. (4s. 2d.).
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